PRINTED: 10/20/2015

DEPART	MENT OF HEALTH	AND HUMAN SERVICES			FORM APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
	OF OEFICIENCIES F F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULT A. BUILOII	FIPLE CONSTRUCTION NG	(X3) OATE SURVEY COMPLETEO
		495362	B. WING_		C 10/08/2015
NAME OF F	ROVIDER OR SUPPLIER			STREET AOORESS, CITY, STATE, ZIP CO	
ASHLAN	D NURSING AND REI	HABILITATION		906 THOMPSON STREET ASHLAND, VA 23005	
(X4) IO PREFIX TAG	(EACH OEFICIENCY	TEMENT OF OEFICIENCIES MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCEO TO THE A OEFICIENCY)	SHOULO BE COMPLETION
F 000	INITIAL COMMENT	rs .	F 0	00 Preparation and submiss:	ion of this plan
F 157 SS=D	survey was conducted Corrections are requered CFR Part 483 Federequirements. The will follow. The census in this 180 at the time of the consisted of 30 curres (Residents #1 through Residents #34 to #3 reviews (Residents to #33). 483.10(b)(11) NOT		F 1	of correction does not conadmission or agreement of the truth of the facts a correctness of the conclusion the statement of deficient of correction is prepared solely because of the recent State and Federal law.	by the provider lleged or usions set forth ciencies, the plan and submitted
	A facility must immediately with the residence of an interested fan accident involving transparent injury and has the printervention; a signification, and intervential, or an intervential	ediately inform the resident; ident's physician; and if esident's legal representative nily member when there is an the resident which results in potential for requiring physician ficant change in the resident's psychosocial status (i.e., a			

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The facility must also promptly notify the resident and, if known, the resident's legal representative

status in either life threatening conditions or clinical complications); a need to alter treatment

significantly (i.e., a need to discontinue an existing form of treatment due to adverse

consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in

LABORATORY OIRECTORS OR PROVIDE USUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) OATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable t4 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

§483.12(a).

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CENTERS FOR MEDICARE & MEDICAID SERVICES							NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3)	DATE SURVEY COMPLETED
		495362	B. WING				С
NAME OF I	PROVIDER OR SUPPLIER	493302	I B. WING		EET ADDRESS, CITY, STATE, ZIP C		10/08/2015
	D NURSING AND REI	HABILITATION		906	THOMPSON STREET HLAND, VA 23005	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULDBE	(X5) COMPLETION OATE
F 157	or interested family change in room or specified in §483.1 resident rights underegulations as specithis section. The facility must rethe address and philegal representative. This REQUIREMENT by: Based on staff intereview, it was deterfailed to notify the Ephysician regarding care for three of 37 sample, Residents: 1. On 7/21/15 the phiscontinue an antiphased on a pharmal Resident #16's prim (responsible party) change in medication. 2. On 8/10/15 the radditional dose of Smedication used to disorder and psychological disorder and psychological medication change.	member when there is a roommate assignment as 5(e)(2); or a change in expedition of the rederal or State law or diffied in paragraph (b)(1) of cord and periodically update one number of the resident's ever interested family member. Now the second miner of the resident's ever interested family member. Now the second miner as evidenced and the second miner and clinical record mined that the facility staff RP (responsible party) and a changes in treatment and residents in the survey #16, #19 and #13. Sychiatrist wrote an order to expect the sychotic for Resident #16 cover ecommendation. The sychotic for Resident #16 cover enot notified of this on therapy. The sychotic for Resident #19 cover is chizophrenia, bipolar exists, for Resident #19 cover in the sychotic for Resident #10 cover in	F	157			
		is all of an x-ray of her right					

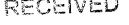
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hip.

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Facility ID: VA0008

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			(FORM APPROVED 1038-0391 <u>DMB NO. 0938</u>
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495362	B. WING	;		C 10/08/2015
NAME OF F	PROVIDER OR SUPPLIER			ļ	REET ADDRESS, CITY, STATE, ZIP CODE	<u></u>
ASHLAN	ID NURSING AND REI			1	THOMPSON STREET HLAND, VA 23005	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPLETION
F 157	Continued From pa	_	F	157		
	The findings include	e:				
	discontinue an antip based on a pharma Resident #16's prim (responsible party) change in medicatic Resident #16 was a 3/31/08 with diagno not limited to: AMS dementia, anxiety, it diverticulitis (An inflor more small pouc behavior disturbance thyroid function) and lipids in the blood side The most recent MI assessment, was a ARD (assessment resident #16 was a possible 15 on the Status (BIMS) in Se	admitted to the facility on oses that included, but were (altered mental status), hypertension, insomnia, lammation or infection in one one one of the facility of the digestive tract), one, hypothyroidism (decreased of hyperlipidemia (increased)				
	revealed a pharmac 7/13/15 recommend reduction) be consid following response, recommendation; "F accept the recommendation implement as written 25 mg (milligrams) of	nt #16's clinical record cy consultation report dated ding that a GDR (gradual dose dered for Seroquel*. The in part, was written on the Physician's Response: I endation above, please en. D/C (discontinue) Seroquel 1/2 po (by mouth) 12.5 mg The order was signed by the /15.				

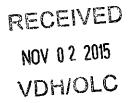
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Further review of Resident #16's clinical record

Eveni ID; W82V11

Facility ID: VA0008

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OM	IB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				X3) DATE SURVEY COMPLETED
		495362	B. WING			-	C 10/08/2015
	PROVIDER OR SUPPLIER D NURSING AND RE	HABILITATION		906	EET ADDRESS, CITY, STATE, ZIP CO THOMPSON STREET HLAND, VA 23005)DE	10/00/20 3
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULDB	
F 157		documentation to evidence that nary physician and RP were	F	157			
	conducted with LPN #10 regarding the porder to reduce an received. LPN #10 process for new methe pharmacy and p	p.m., an interview was N (licensed practical nurse) process followed when an antipsychotic medication is stated, "We follow the normal edication orders, send them to but on the MAR (medication ord). Then we call the MD d the RP."					
	conducted with LPN process followed with received. LPN #15 contact the RP and	5 a.m. an interview was N #15. LPN #15 regarding the hen a new medication order is stated, "I transcribe the order, make a note in the nurse's te RP was notified of the					
	(administrative staff administrator, was a	made aware of the above vas asked to provide a facility					
	conducted with LPN #9 was asked when RP should be notified time there is a chan condition/status. Ar LPN #9 was asked resident's antipsych	p.m. an interview was I #9, the unit manager. LPN the primary physician and/or ed. LPN #9 responded, "Any age in the resident's my time there is a new order." what should be done when a otic medication was changed. "The RP and primary					

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physician should be called and notified, a note should be put in the progress notes." LPN #9

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	S [X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		
	(SERVINION NOTICE)	A. BUILDING		COMPLETED	
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NAME OF PROVIDER OR SUPPLIER	L .		STREET ADDRESS, CITY, STATE, ZIP CODE		
ASHLAND NURSING AND RE	HABILITATION		906 THOMPSON STREET		
			ASHLAND, VA 23005		
	SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	TION IX5I	
	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETION	
17,0	NEGOLATON ON EGG IDENTI TING INI ONIVERTION)		CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DATE	

F 157 Continued From page 4

was asked whether or not Resident #16's physician or RP were notified when Resident #16's Seroquel was discontinued. LPN #9 reviewed Resident #16's clinical record and stated, "I do not see any documentation."

No further information was provided prior to the end of survey.

- * This information was obtained from the following website: http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT 0011909/
- 2. On 8/10/15 the nurse practitioner ordered an additional dose of Seroquel* (an antipsychotic medication used to treat schizophrenia, bipolar disorder and psychosis), for Resident #19. Resident #19's RP was not notified of this medication change.

Resident #19 was admitted to the facility on 4/30/15 with a readmission on 6/18/15, with diagnoses that included, but were not limited to: epilepsy (a form of seizures), anxiety, hypertension, depression, pain and ulcer. The most recent MDS (minimum data set) assessment, was a quarterly assessment with an ARD (assessment reference date) of 9/8/15. Resident # 19 was coded as scoring two out of a possible 15 on the Brief Interview for Mental Status (BIMS) in Section C, Cognitive Patterns. indicating the resident was severely cognitively impaired.

A review of Resident #19's clinical record revealed the following telephone order received F 157

F 157 (D):

- 1. Resident #16 and #19, the Responsible Party and the Physician were notified of antipsychotic medication change. Resident #13, the Responsible Party and the Physician were made aware of refusal of right hip x-ray.
- 2. A review of residents receiving antipsychotics within the last 30 days will be conducted to ensure proper notification to the physician and the RP. A review of residents who have had x-rays in the last 30 days will be conducted to ensure that refusals have appropriate notification to the physician and RP.

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F 157		age 5 /15 documenting, in part, the tation: "Date/Time 8/10/15.	F 1	57 3.	The Assistant Director Services/Designee with		

Further review of Resident #19's clinical record did not reveal any documentation to evidence that Resident #19's RP was notified of the new medication order.

Medication: Seroquel 12.5 mg (milligram) PO (by

mouth) at noon daily. Indication - Dx (diagnosis)

Psychosis, NOS (new onset symptoms)." The

order was signed by the nurse practitioner on

8/10/15.

On 10/7/15 at 5:10 an interview was conducted with LPN (licensed practical nurse) #10, regarding the process followed for new medication orders. LPN #10 stated, "We follow the normal process for new medication orders, send them to the pharmacy and put on the MAR (medication administration record). Then we call the MD (medical doctor) and the RP."

On 10/8/15 at 10:35 a.m. an interview was conducted with LPN #15. LPN #15 was asked to describe her process when she received a new medication order. LPN #15 stated, "I transcribe the order, contact the RP and make a note in the nurse's notes stating that the RP was notified of the changes."

On 10/8/15 at approximately 11:30 a.m. ASM (administrative staff member) #1, the administrator, was made aware of the above findings. ASM #1 was asked to provide a facility policy regarding notification.

On 10/8/19 at 3:00 p.m. an interview was conducted with LPN #9, the unit manager. LPN #9 was asked when the primary physician and/or

orders and progress notes during morning meeting to ensure that the RP and Physician have been notified. The Staff Development Coordinator/ Designee has educated Licensed Staff on the procedure of RP/Physician notification of antipsychotic medication changes. The Staff Development Coordinator/Designee has educated Licensed Staff on notification regarding x-ray refusals to RP/Physician. The DCS/Designee will perform random weekly reviews for (5) residents per week for (3) months to ensure that the RP/Physician were made aware of antipsychotic medication changes. Weekly reviews will be conducted by the DCS/Designee for (5) residents per week for (3) months to ensure that the RP/Physician have been made aware of refusals of x-rays.

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ASHLAND	NURSING AND RE	HABILITATION	9	906 THOMPSON STREET ASHLAND, VA 23005	
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F 157 Continued From page 6

RP should be notified. LPN #9 responded, "Any time there is a change in the resident's condition/status. Any time there is a new order." LPN #9 was asked what should be done when a resident's antipsychotic medication was changed. LPN #9 responded, "The RP and primary physician should be called and notified, a note should be put in the progress notes." LPN #9 was asked whether or not Resident #19's RP was notified when the nurse practitioner added a dose of Seroquel. LPN #9 reviewed Resident #19's clinical record and stated, "I do not see any documentation."

No further information was provided prior to the end of survey.

- * This information was obtained from the following website: http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT 0011909/
- 3. Facility staff failed to notify the physician of Resident # 13's refusal of an x-ray of her right hip.

Resident # 13 was admitted to the facility on 7/13/15 with diagnoses of but not limited to: history of chronic obstructive pulmonary disease (disease that makes it difficult to breath that can lead to shortness of breath), hypertension (high blood pressure), hemiparesis (weakness on one side of the body), anxiety (a strong, irrational fear of something that poses little or no real danger), depression, schizophrenia (a serious brain illness), muscle weakness, history of fall, obsessive compulsive disorder (a type of anxiety disorder) and dysphagia (a swallowing disorder).

F 157

- 4. Results of the reviews will be discussed by the DCS/Designee at the Quality Assurance Performance Improvement Committee Meeting monthly for (3) months. Revisions will be recommended by the committee as indicated necessary to sustain substantial compliance.
- 5. 11/10/2015

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CENTER	<u>RS FOR MEDICARE</u>	: & MEDICAID SERVICES			<u>C</u>	<u>MB NO</u>	0938-0391
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F 157	Continued From pa	age 7	F-	157			
,	·	DS (minimum data set), an	•	, , ,			
		nent with an ARD (assessment					
		7/20/15 coded Resident #13 as					
	scoring a 15 out of	15 on the BIMs (brief					
	assessment for mental status) indicating the						
	•	tively intact to make daily					
	decisions.						
	A physician's telephone order for Resident # 13						
		mented, "X-ray of R (right)					
	hip."						
	p.m. documented, multiple times. RP Further review of th to evidence docum	ss note dated 8/14/15 at 4:00 "Resident refused hip x-ray (responsible party) aware." he nurse's progress note failed entation of notification to the ht # 13's refusal of the hip					
	approximately 11:09 (administrative staff administrator and A	view was conducted at 5 a.m. with ASM f member) #1 the facility SM # 2, director of nursing. ere asked to review the					
	nurse's progress no When asked if the	ote dated 8/14/15 at 4:00 p.m. physician was notified of usal of the hip x-ray ASM # 1					
	stated, "The physic should have been r	ian or nurse practitioner notified of Resident # 13's					
	practitioner) stated,	ray. ASM # 4, (the nurse "The physician or I should					
	spoken to her abou	she refused. I could have It getting the x-ray."					
	Condition" docume	"Change in Resident nted, "The Clinical Nurse will opriately intervene in the event					

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of a change in resident condition. The

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NAME OF I	PROVIDER OR SUPPLIER	43330 <u>k</u>	D. Wille		ET ADDRESS, CITY, STATE, ZIP COD		10/08/2015
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F 157	notified as soon as The administrator a	lesponsible Party will be possible." Ind Director of Nursing were se findings on 10/8/15 at	F	157			
	•	on was obtained prior to exit. O BE FREE FROM	F	221			
	physical restraints in	e right to be free from any mposed for purposes of sience, and not required to medical symptoms.					
	by: Based on observat document review ar was determined tha ensure for one of 37	NT is not met as evidenced ion, staff interview, facility and clinical record review, it the facility staff failed to residents in the survey that was free from physical					
	restraint (Geri chair back and prevents r after an evaluation of #11 as a good cand	ed to attempt a physical [a chair that can be tilted rising] and lap tray) reduction on 5/16/15 deemed Resident idate. The facility staff also the resident for a physical ffter 5/16/15.					
	The findings include	:					
		dmitted to the facility on es that included but were not					

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	PROVIDER OR SUPPLIER D NURSING AND RE	HABILITATION		906	EET ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET HLAND, VA 23005		
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F 221	convulsions. Resid (minimum data set) an ARD (assessme coded the resident's decision making as coded Resident #11 with bed mobility, trand toilet use. Sec coded the resident rising on a daily bas. An occupational the documented, "Skille assessment of whe adaptations to promeducation on seatin posture during ADL performance, to impaDL performance, to impaDL performance, to impaDL performance a participation in occupation of the cooperative with ho good upright posture pillow underneath his pervision/nursing assistant) feels compassistant) feels compassistant (approximation) feels compassistant (below the cooperative with hospical performance) assistant (below the cooperative with hospical pervision feels compassistant) feels compassistant (below the cooperative with hospical pervision feels compassistant) feels compassistant (below the cooperative with hospical pervision feels compassistant) feels compassistant (below the cooperative with hospical pervision feels compassion fee	a (a brain disease) and ent #11's most recent MDS a, a quarterly assessment with int reference date) of 7/12/15, is cognitive skills for daily severely impaired. Section G as being totally dependent ansfers, locomotion, dressing tion P "Physical Restraints" as using a chair that prevents is: erapy note dated 5/7/14 ed interventions include elchair modifications and note increased function and g system setup to improve (Activities of Daily Living) prove postural stability for safe and to enable increased upations of choice with patient yer transfer and maintaining e with use of cushion, full tray,	F 2	:21			

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documented, "Clarification order- Lap tray to Geri chair while resident is up in Geri chair for safety

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STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTR	UCTION	(X3) OATE SURVEY COMPLETEO
	495362	B. WING		C 10/08/2015
NAME OF PROVIOER OR SUP	PLIER	STREET AO	DRESS, CITY, STATE, ZIP COOE	10,00,20,0
ASHLAND NURSING AN	D REHABILITATION		PSON STREET D, VA 23005	
PREFIX (EACH OEFI	RY STATEMENT OF OEFICIENCIES CIENCY MUST BE PRECEOEO BY FULL Y OR LSC IOENTIFYING INFORMATION)	PREFIX (E	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULO DSS-REFERENCEO TO THE APPROPE OEFICIENCY)	BE COMPLETION

F 221 Continued From page 10 related to falls- release lap tray for adl's and rounds. Release lap tray every 2 hours for 10 minutes."

The most recent physician's order summary signed on 9/7/15 failed to document an order for Resident #11's lap tray.

A physical restraint elimination review documented, "Directions: Individuals with restraints/enablers should be reviewed at least quarterly, or per facility policy, to determine whether or not they are candidates for restraint reduction, less restrictive restraining measures or total restraint elimination..." The most recent review was dated 5/16/15 and documented a total score of 28, indicating Resident #11 was a good candidate for restraint reduction. Side two of the form documented, "Summarize resident's status based on strengths/weaknesses from Side One: Resident nonambulatory, poor poor (sic) safety awareness. Resident is candidate for restraint reduction: (a check mark documented beside 'yes'). Unaware of safety, will slide out of chair. Describe plan to decrease/eliminate restraints: Continue to do assessments quarterly. Describe less restrictive measures to be used: lap tray." No further reviews were completed since May 2015.

Resident #11's comprehensive care plan with an implementation date of 1/23/15 documented in part, "Safety: Lap tray to gerichair while up in chair for safety R/T (related to) Falls- Release lap tray for ADL's & rounds (Q [every] 2 hr [hours] & PRN [as needed])...Psychosocial Well being: Disruptive Behavior (specify): Bangs on table top...Behavior/Mood: Hits lap tray repeatedly..."

F 221 (D):

- 1. Resident #11 has been referred to therapy for evaluation regarding restraint utilization. Restraint reduction documentation has been updated. Resident #11 no longer utilizes a geri chair with lap tray. The responsible party and the physician have been made aware of changes and the care plan has been updated.
- 2. Residents with physician orders for restraints have potential to be affected. Residents with restraints will have restraint reduction documentation completed. If the restraint reduction documentation indicates that the resident is a good candidate for restraint reduction, the resident will be referred to therapy for evaluation for reduction of the restraint. Restraint reduction will be attempted as indicated by the restraint reduction documentation.

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Event IO: W82V11

Facility IO: VA0008

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		& MEDICAID SERVICES			FORM APPROVED
STATEMENT	OF OFFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION		OMB NO. 0938-0391 (X3) OATE SURVEY COMPLETED
		495362	B. WING		C 10/08/2015
	PROVIDER OR SUPPLIER D NURSING AND REI	HABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	(OULD BE COMPLETION
F 221	#11 was observed i with a full lap tray e. the other armrest. I the footrest of the G the resident was obforward and repeate 2:00 p.m., staff rem approximately 10 m	40 p.m. to 2:00 p.m., Resident n the bedroom, in a Geri chair xtending from one armrest to Resident #11's legs were on Geri chair. During this time, served thrusting himself edly hitting the lap tray. At oved the lap tray for	F 2	221 3. Staff Development Coordinator/Designee has education to Licensed Sta completion of restraint re evaluation and document restraint reduction attemp by the restraint reduction documentation. The DCS	off regarding duction at ion as well as outs as indicated evaluation and

conducted with LPN (licensed practical nurse) #11, the unit manager responsible for Resident #11's unit since July 2015. LPN #11 stated Resident #11's lap tray was used because the resident will jump out of his chair. When asked the facility process for restraint reduction, LPN #11 stated she wanted to say restraint reductions were evaluated on a quarterly basis but she didn't know when that last evaluation took place for Resident #11. When asked what should be done when a physical restraint elimination review documents a resident as being a good candidate for reduction, LPN #11 stated, "We should remove the lap tray or see how he does without the lap tray."

The occupational therapist that treated Resident #11 in May 2014 was not available for interview. On 10/8/15 at 9:50 a.m., an interview was conducted with OSM (other staff member) #11 (the director of rehab), OSM #12 (the certified occupational therapy assistant who worked with Resident #11 in May 2014) and OSM #19 (the current occupational therapist). OSM #12 stated Resident #11 currently had the same lap tray that the occupational therapist gave him in May 2014. OSM #12 stated the occupational therapy staff attempted to sit the resident up in a regular

review restraint evaluations and documentation as well as necessity to attempt restraint reduction as indicated by the restraint evaluation/documentation weekly for (3) months.

- 4. The reviews will be discussed by the ED/Designee at the Quality Assurance Performance Improvement Committee monthly for (3) months. The committee will recommend revisions to the plan as indicated to sustain substantial compliance.
- 5. 11/10/15

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OM	IB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		NSTRUCTION		X3) DATE SURVEY COMPLETED
		495362	B. WING				C 10/08/2015
	PROVIDER OR SUPPLIER D NURSING AND REI	HABILITATION		906 TH	ET ADDRESS, CITY, STATE, ZIP C HOMPSON STREET LAND, VA 23005	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULDE	
F 221	wheelchair but the apushed himself forwiddn't want Resident to give him quality of therapist decided to was safe. At this times of the considerate and resunder all circumstant personal dignity and manner Each resident will be reast and as needed to director estraint elimin.	resident was combative and vard. OSM #12 stated staff at #11 stuck in bed and wanted of life so the occupational of use the lap tray because it me, OSM #11, OSM #12 and defended Resident #11 had not been erapy department since May ated the resident had not been apy department since May did not have any furthering Resident #11's restraint. Op.m., the administrator and were made aware of the above led, "Physical Restraint and were made aware of the above spectful care at all times and noces, with recognition of their disafety in the least restrictive dent will be reassessed and reviewed monthly etermine whether or not the aste for restraint reduction, asures are being utilized or attorn is warranted. The incommittee will review on a	•	221			

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No further information was presented prior to exit.

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN B. WING _	CO	TE SURVEY MPLETED C 0/08/2015	
	NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE

F 225 483.13(c)(1)(ii)-(iii), (c)(2) - (4) SS=D INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS F 225

The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.

The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).

The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

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		T		<u></u>	MD MO. 0536-039
STATEMENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTAND PLAN OF CORRECTION IOENTIFICATION NUMBER: A. BUILOI				(X3) OATE SURVEY COMPLETEO	
495362 B. WING					C 10/08/2015
NAME OF PROVIDER OR SUPPLIER				STREET AOORESS, CITY, STATE, ZIP COOE	
ASHLAND NURSING AND REHABILITATION			906 THOMPSON STREET ASHLAND, VA 23005		
	(EACH OEFICIENC)	TEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFIX TAG	PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO CROSS-REFERENCEO TO THE APPROPI OEFICIENCY)	BE COMPLETION
				· · · · · · · · · · · · · · · · · · ·	

F 225 Continued From page 14

This REQUIREMENT is not met as evidenced by:

Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to report investigate and report an injury of unknown origin to the state agency and other officials in accordance with State law through established procedures for one of 31 residents in the survey sample, Resident #16.

Resident #16 was observed by a nursing aide to have a new bruise located on her left inner thigh. The bruise was reported to a nurse, no other investigation was conducted regarding the bruise of unknown origin and the bruise was not reported to the state agency.

The findings include:

Resident #16 was admitted to the facility on 3/31/08 with diagnoses that included, but were not limited to: AMS (altered mental status), dementia, anxiety, hypertension, insomnia, diverticulitis (An inflammation or infection in one or more small pouches in the digestive tract), behavior disturbance, hypothyroidism (decreased thyroid function) and hyperlipidemia (increased lipids in the blood stream).

The most recent MDS (minimum data set) assessment, was a quarterly assessment with an ARD (assessment reference date) of 8/13/15. Resident # 16 was coded as scoring three out of a possible 15 on the Brief Interview for Mental Status (BIMS) in Section C, Cognitive Patterns, indicating the resident was severely cognitively impaired.

A review of Resident #16's clinical record

F 225 (D):

- 1. Resident #16's bruise of unknown origin was reported to the state on 10/29/2015.
- 2. A review of injuries for the past 30 days was conducted to determine origin and to ensure that injuries of unknown origin were properly reported to state agencies and other agencies as required. The Unit Manager/Designee will report injuries including skin discolorations to the DCS/Designee. Investigation and reporting to required agencies will be conducted as indicated.

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CENTE	& MEDICAID SERVICES					MB NO. 0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILO		CONS	STRUCTION	(X3) DATE SURVEY COMPLETED
		495362	B. WING				C 10/08/2015
NAME OF	PROVIDER OR SUPPLIER			STR	EET.	ADDRESS, CITY, STATE, ZIP CODE	
ASHLAN	ID NURSING AND RE	HABILITATION		906	THC	OMPSON STREET	
				ASI	HLA	ND, VA 23005	
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F 225	Continued From pa	age 15	F 2	225	3.	The Staff Development	
	revealed a nurse's					Coordinator/Designee has	•
		rt, the following: "8/31/15 12 ed to nurse by CNA (certified				provided education to cur	
		Resident (Resident #16) has				employees regarding repo	
	purple bruise noted	on L (left) inner upper thigh.				injuries of unknown origin	0
		appear to be in pain. RP				-	
		and MD (medical doctor) ise will cont (continue) to				DCS/ED for investigation	
	monitor."	ioo iiiii ooni (ooniinao) to				appropriate reporting to re	-
						state agencies. Injuries wi	ll be
		lesident #16's clinical record				reviewed by the DCS/Des	signee
		g, in part, the following:				weekly for (3) months to	ensure
	"Location: left inner	thigh. Type: Bruise: Date:				that they have been invest	rigated
		th 5.5 cm (centimeters). Width				and reported as required to	_
	4.5 cm. Depth: NA	(not applicable)."				agencies.	o state
	Further review of R	esident #16's clinical record			4	•	1.1
	revealed a facility "I				4.	Results of the reviews wil	
		t" documenting, in part, the tation: "Date of occurrence:				discussed by the DCS/De	signee at
		Location: L inner thigh.				the Quality Assurance	
		e. Description: bruise.				Performance Improvement	nt
		oted on L inner leg, reported				Committee Meeting mont	
	to nurse by CNA."					(3) months. The committee	
	A SBAR (situation b	packground assessment				recommend revisions to the	
	recommendation) of	communication form was					-
		ise root cause investigation				as indicated necessary to	sustain
		#16's clinical record. The de any documentation about				substantial compliance.	
	the cause of the bru				5.	11/10/2015	

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No further documentation that revealed the cause of the bruise was located in the clinical record.

An interview was conducted on 10/7/15 at 5:10 p.m. with LPN (licensed practical nurse) #10. LPN #10 was asked to describe the process

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				O	MB NO. 0938-03	
	OF OEFICIENCIES OF CORRECTION	IOENTIFICATION NI IMPER			ONSTRUCTION		(X3) OATE SURVEY COMPLETEO	
		495362	B. WING				C 10/08/2015	
	PROVIOER OR SUPPLIER D NURSING AND RE	HABILITATION		906	EET AOORESS, CITY, STATE, ZI THOMPSON STREET ILAND, VA 23005	IP COOE	10/00/2013	
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F 225	#10 responded, "If bathing or doing AE care, I assess the a MD (medical doctor do an investigation report. I give the in manager and write and complete an Slasked who complet determine the caus responded that the On 10/7/15 at 5:20 conducted with LPN Wing 1, regarding t incident report is rean investigation. I cam unable to determine the l have to report injury of unknown of the conducted with a conducted with a conducted with a conducted that a considerative staff above findings and investigation was conformed in the conducted with LPN wing 2. LPN #9 was conducted with LPN Wing 2. LPN #9 was conducted to the conducted with LPN wing 2. LPN #9 was conducted to the conducted with LPN wing 2. LPN #9 was condu	served on a resident. LPN a CNA finds a bruise while DL (activities of daily living) area, inform the unit manager, r) RP (responsible party) and using the bruise incident cident report to the unit a note in the progress notes BAR." LPN #10 was then sed the investigation to e of the bruise, LPN #10 unit manager would do that. p.m. an interview was W#11, the unit manager for the process followed when an ceived. LPN #11 stated, "I do btain witness statements; if I mine the cause of the injury rt to the state, it would be an	F 2	225				

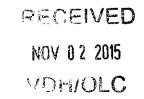
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being observed on Resident #16 on 8/31/15.

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					O. 0938-0391
	OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL A. BUILC		CONSTRUCTION	(X3) O/	ATE SURVEY OMPLETEO
		495362	B. WING			1	C 0/08/2015
	PROVIOER OR SUPPLIER ID NURSING AND REI	HABILITATION		906	EET AOORESS, CITY, STATE, ZIP COOE THOMPSON STREET HLAND, VA 23005	•	0/30/23/10
(X4) IO PREFIX TAG	(EACH OEFICIENCY	TEMENT OF OEFICIENCIES / MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFI TAG		PROVIOER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCEO TO THE APPR OEFICIENCY)	ULD BE	(X5 COMPLETION DATE
F 22 5	practitioner had ass MD (medical doctor asked whether or no investigation. LPN attached." When as completed an investigation of the bruise, LPN #9 state LPN #9 was then as able to determine herouse on her left in she did not know how the masked wheth reportable incident, injury of unknown or reported." On 10/8/15 at 1:30 member) #1, the adwhether or not an infor the bruise found ASM #1 stated, "We back on that unit so happening. I agree have been done. It we could have deterwas asked whether reportable. ASM #1 reported incident) wo funknown origin. ASM #1 was asked referenced injuries of stated, "We do not no origin in our abuse processing the states."	she was aware and the nurse bessed the resident and the was ot she had completed an #9 stated, "I thought they were sked again if she had tigation for Resident #16's ed that she did not remember, sked whether or not she was ow Resident #16 obtained a ner thigh; LPN #9 stated that the was obtained, er or not the bruise was a LPN #9 stated, "It was an rigin, it should have been p.m. ASM (administrative staff diministrator, was asked investigation had been located on Resident #16 on 8/31/15. The regetting bangs/bruises of don't know how they're that an investigation should was not done to the point that remined the cause." ASM #1 or not the injury was a stated, "A FRI (facility was not done. It was an injury It should have been done." about the policy that of unknown origin, ASM #1 reference injuries of unknown	F 2	225			
		11/30/2014 was presented					

that revealed, in part, the following documentation: "Policy: Certain accidents and

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			0	OMB NO. 0938-0391			
	FOF OFFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILOING				(X3) OATE SURVEY COMPLETEO		
		495362	B. WING					C /08/2015	
NAME OF	PROVIOER OR SUPPLIER			STREET AOORE	ESS, CITY, STATE	E, ZIP COOE	1 10,	00,2013	
40111 44				906 THOMPSO		,			
ASHLAN	ID NURSING AND RE	HABILITATION		ASHLAND, V					
(X4) IO PREFIX TAG	(EACH OFFICIENC)	TEMENT OF OEFICIENCIES MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFI TAG	X (EAC)	OVIOER'S PLAN H CORRECTIVE / -REFERENCEO T OEFICIE	ACTION SHOULD TO THE APPROP	BE .	IX5) COMPLETION OATE	
F 225	be investigated to opprovide for opportunce of the unknown origin are abrasions, etc., whith Procedure: 4. The director of clinical simmediately of injurtinvestigation will incresident, all staff invany family, visitors of had contact with the investigation. Concessary. 8. All in allegations of suspensions.	injuries of unknown origin, will letermine root cause and nity to decrease future event. Definition: Injuries of bruises, skin tears, fractures, ch have no known cause. executive director and ervices are to be notified ries of unknown origin. 7. The clude interviews with the volved (directly or indirectly), or volunteers, which may have exercised and may help with obtain statements as deemed injuries of unknown origin or exted abuse must be reported gencies per state specific	F2	225					
	end of the survey. 483.13(c) DEVELO ABUSE/NEGLECT, The facility must de policies and proced mistreatment, negle	ETC POLICIES velop and implement written	F2	226					
·	by: Based on staff inter and clinical record r the facility staff faile policy for abuse pre	IT is not met as evidenced rview, facility document review eview, it was determined that d to implement the facility vention for one of 37 yey sample, (Resident #16)							

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Facility IO: VA0008

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O LIVI LIV	ON THE BIOANTE & MEDICAID SERVICES						
	ATEMENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING				(X3) OATE SURVEY COMPLETEO		
		495362	495362 B. WING		C 10/08/2015		
NAME OF PROVIOER OR SUPPLIER			S	TREET AODRESS, CITY, STATE, ZIP COOE	<u> </u>		
ASHLAND	NURSING AND RE	HABILITATION	90	D6 THOMPSON STREET SHLAND, VA 23005			
(X4) ID PREFIX TAG	JEACH OEFICIENCY	TEMENT OF OEFICIENCIES / MUST BE PRECEOED BY FULL SC IOENTIFYING INFORMATION)	IO PREFIX TAG	PROVIOER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCEO TO THE APPROP DEFICIENCY)	DBE COMPLETION		

- F 226 Continued From page 19 and one of five employee record reviews, (employee record #2).
 - 1. Resident #16 was observed by a nursing aide to have a new bruise located on her left inner thigh. The bruise was reported to a nurse, no other investigation was conducted regarding the bruise of unknown origin and the facility failed to report the bruise to the state agency.
 - 2. The facility staff failed to do prescreening employment checks on one of five employee record reviews. A nurse's license and state criminal background check were not performed for employee record #2.

The findings include:

 Resident #16 was admitted to the facility on 3/31/08 with diagnoses that included, but were not limited to: AMS (altered mental status), dementia, anxiety, hypertension, insomnia, diverticulitis (An inflammation or infection in one or more small pouches in the digestive tract), behavior disturbance, hypothyroidism (decreased thyroid function) and hyperlipidemia (increased lipids in the blood stream). The most recent MDS (minimum data set) assessment, was a quarterly assessment with an ARD (assessment reference date) of 8/13/15. Resident # 16 was coded as scoring three out of a possible 15 on the Brief Interview for Mental Status (BIMS) in Section C, Cognitive Patterns, indicating the resident was severely cognitively impaired.

A review of Resident #16's clinical record revealed a nurse's note dated 8/31/15 documenting, in part, the following: "8/31/15 12

F 226

F226 (D):

1. Resident # 16 was placed on increased supervision and assessed for any further injury of unknown origin by the DCS/Designee. The background check for employee #2 was obtained on 10/8/15 during survey. Resident #16's bruise of unknown origin was reported to the state on 10/29/2015.

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495362	B. WING	i		C 40/00/004=
	PROVIDER OR SUPPLIER D NURSING AND REI	HABILITATION	<u> </u>	906 1	EET ADDRESS, CITY, STATE, ZIP C THOMPSON STREET ILAND, VA 23005	10/08/2015 CODE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	'IX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION
F 226	nursing assistant) Furrple bruise noted Resident does not a (responsible party) made aware of bruimpnitor." Further review of Revealed facility nor record documenting "Location: left inner 8/31/15. Size: Leng 4.5 cm. Depth: NA (Further review of Revealed a facility "Elnvestigation Report following document 8/31/15. Resident. Appearance: purple Summary: Bruise note on nurse by CNA." A SBAR (situation be recommendation) cattached to the bruise report in Resident #SBAR did not provide the cause of the bruin of the bruise was located. An interview was cop.m. with LPN (licental facility) and the commendation of the bruise was located.	ed to nurse by CNA (certified Resident (Resident #16) has on L (left) inner upper thigh. appear to be in pain. RP and MD (medical doctor) se will cont (continue) to esident #16's clinical record appressure skin condition g, in part, the following: thigh. Type: Bruise: Date: th 5.5 cm (centimeters). Width (not applicable)." esident #16's clinical record Bruise Root Cause to documenting, in part, the ation: "Date of occurrence: Location: L inner thigh. Description: bruise. oted on L inner leg, reported eackground assessment ommunication form was se root cause investigation in 16's clinical record. The de any documentation about	F	226	2. A review of injuri 30 days was conductermine origin a that injuries of unlawere properly repeagencies and other required. The Unit Manager/Designed injuries including discolorations to the DCS/Designee. In reporting to require be conducted as in review of employee new employees in will be completed DCS/Designee for hire screens including and Criminal Back	ucted to and to ensure known origin orted to state r agencies as t e will report skin he vestigation and red agencies will adicated. A ee records for past 30 days by the appropriate pre ling Licensure

when a bruise is observed on a resident. LPN #10 responded, "If a CNA finds a bruise while

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		T		<u></u>	1VID INC. 0936-039		
	STATEMENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IOENTIFICATION NUMBER: A. BUILDING				(X3) OATE SURVEY COMPLETEO		
		495362 B. WING			C 10/08/2015		
NAME OF PROVICE		HABILITATION	STREET AOORESS, CITY, STATE, ZIP COOE 906 THOMPSON STREET ASHLAND, VA 23005				
	PREFIX (EACH OEFICIENCY MUST BE PRECEOEO BY FULL		IO PREFIX TAG	PROVIOER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCEO TO THE APPROP OEFICIENCY)	DBE COMPLETION		
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F 226 Continued From page 21

bathing or doing ADL (activities of daily living) care, I assess the area, inform the unit manager, MD (medical doctor) RP (responsible party) and do an investigation using the bruise incident report. I give the incident report to the unit manager and write a note in the progress notes and complete an SBAR." LPN #10 was asked who completed the investigation to determine the cause of the bruise, LPN #10 responded that the unit manager would do that.

On 10/7/15 at 5:20 p.m. an interview was conducted with LPN #11, the unit manager for Wing 1, regarding the process followed when an incident report is received. LPN #11 stated, "I do an investigation. I obtain witness statements; if I am unable to determine the cause of the injury then I have to report to the state, it would be an injury of unknown origin."

On 10/7/15 an end of day meeting was held with ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the corporate nurse consultant. The administrative staff were made aware of the above findings and asked whether or not an investigation was completed for the bruise found on Resident #16 on 8/31/15. ASM #1 stated that she would research and provide the evidence of an investigation. A policy was requested at this time that addressed injuries of unknown origin.

On 10/8/15 at 12:00 p.m. an interview was conducted with LPN #9, the unit manager on Wing 2. LPN #9 was asked whether or not she was aware of the bruise that was observed on Resident #16 on 8/31/15. LPN #9 stated that she was aware and the nurse practitioner had assessed the resident and the MD (medical

F 226

3. The DCS/Designee has provided education to current employees regarding the policy and procedure for investigating and reporting injuries of unknown origin. Education will also be provided by the Administrator/Designee to the Business Office Coordinator regarding obtaining required prehire screens including Licensure and Criminal Background check for new employees. Injuries will be reviewed by the DCS/Designee weekly for (3) months to ensure that they have been investigated and reported as required to state agencies. The Human Resources Director/Designee will conduct random weekly reviews of employee records for (5) employees for appropriate pre hire paperwork weekly for (3) months.

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Event (0: W82V t t

Facility IO: VA0008

If continuation sheet Page 22 of 164

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	OF OEFICIENCIES OF CORRECTION	[X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILOING				(X3) OATE SURVEY COMPLETEO	
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F 226	Continued From pa	ge 22	F 22	6 4.	Results of the revie	ews will be		

doctor) was aware. LPN #9 was asked whether or not she had completed an investigation. LPN #9 stated, "I thought they were attached." When asked again whether or not she had completed an investigation, LPN #9 stated that she did not remember. LPN #9 was asked whether or not she was able to determine how Resident #16 obtained a bruise on her left inner thigh, LPN #9 stated that she did not know how the bruise was obtained. LPN #9 was asked whether or not the bruise was a reportable incident, LPN #9 stated, "It was an injury of unknown origin, it should have been reported."

On 10/8/15 at 1:30 p.m. ASM (administrative staff member) #1, the administrator, was asked whether or not an investigation had been located for the bruise found on Resident #16 on 8/31/15. ASM #1 stated, "We're getting bangs/bruises back on that unit so I don't know how they're happening. I agree that an investigation should have been done. It was not done to the point that we could have determined the cause." ASM #1 was asked whether or not the injury was reportable. ASM #1 stated, "A FRI (facility reported incident) was not done. It was an injury of unknown origin. It should have been done." ASM #1 was asked about the policy that referenced injuries of unknown origin, ASM #1 stated, "We do not reference injuries of unknown origin in our abuse policy."

A facility policy titled "Accident and Incident Investigation" dated 11/30/2014 was presented that revealed, in part, the following documentation: "Policy: Certain accidents and incidents, including injuries of unknown origin, will be investigated to determine root cause and provide for opportunity to decrease future

- 4. Results of the reviews will be discussed by the Administrator/Designee at the Quality Assurance Performance Improvement Committee Meeting monthly for (3) months. The committee will recommend revisions to the plan as indicated necessary to sustain substantial compliance.
- 5. 11/10/2015

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Event IO: W82V11

Facility IO: VA0008

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STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION AND PLAN OF CORRECTION A SULIDING NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MUST BE PRECEDED BY FULL TAG FEET ACCURATION FOR SUPPLIER ASHLAND NURSING AND REHABILITATION SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MUST BE PRECEDED BY FULL TAG FEET ACCURATION SHOULD BE OFFICIENCY OR LEG IDENTIFYING INFORMATION) F 226 Continued From page 23 occurrences of the event. Definition: Injuries of unknown origin are bruises, skin tears, fractures, abrasions, etc., which have no known cause. Procedure: 4. The executive director and director of clinical services are to be notified immediately of injuries of unknown origin. 7. The investigation will include interviews with the resident, all staff involved (directly) or indirectly), any family, visitors or volunteers, which may have had contact with the resident and may help with the Investigation. Obtain statements as deemed necessary. 8. All Injuries of unknown origin or allegations of suspected abuse must be reported to the appropriate agencies per state specific protocols." No further information was provided prior to the end of the survey. 2. The facility staff failed to do prescreening employment checks on one of five employee record reviews. A nurse's license and state criminal background check were not performed. Review of the employee record #2, revealed the employee's nursing license and a state criminal background check were not completed prior to hire. The missing information was requested from OSM #1 (other staff member) on 10/7/16 at 4:06 p.m.	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			(OMB NO	0938-0391
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION SUMMARY STATEMENT OF DEFICIENCES (EACH DISPRISED AND FORMATION) FINETIX (EACH DISPRISE AND FORMATION) FOR TAG (EACH DISPRISE AND FORMATION) FOR THE PROVIDER A DATE OF THE PROVIDER AND FORMATION) FOR CONCURRENCY MUST BE PRECEDED BY THULL (EACH CORRECTION ACTION SHOULD BE APPROPRIATE OF THE PROVIDERS AND FORMATION) FOR COUNTRIONS OF THE PROVIDER AND FORMATION (EACH CORRECTION ACTION SHOULD BE APPROPRIATE OF THE PROVIDER AND FORMATION) FOR COUNTRIONS OF THE PROVIDER AND FORMATION (EACH CORRECTION ACTION SHOULD BE APPROPRIATE OF THE PROVIDER AND FORMATION) FOR COUNTRIONS OF THE PROVIDER AND FORMATION (EACH CORRECTION ACTION SHOULD BE APPROPRIATE OF THE PROVIDER AND FORMATION) FOR COUNTRION OF THE PROVIDER AND FORMATION (EACH CORRECTION ACTION SHOULD BE APPROPRIATE OF THE PROVIDER AND FORMATION O				1 '		CONSTRUCTION	(X3) DAT	TE SURVEY
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The administrative team was made aware of		unknown origin are abrasions, etc., whi Procedure: 4. The director of clinical s immediately of injur investigation will incresident, all staff invany family, visitors of had contact with the investigation. Onecessary. 8. All ir allegations of suspet to the appropriate a protocols." No further informatiend of the survey. 2. The facility staff femployment checks record reviews. And criminal background Review of the employee's nursing background check whire. The missing informations of the staff p.m.	e bruises, skin tears, fractures, ich have no known cause. It is executive director and services are to be notified ries of unknown origin. 7. The clude interviews with the volved (directly or indirectly), or volunteers, which may have e resident and may help with obtain statements as deemed injuries of unknown origin or ected abuse must be reported agencies per state specific ion was provided prior to the failed to do prescreening s on one of five employee surse's license and state d check were not performed. Hoyee record #2, revealed the g license and a state criminal were not completed prior to station was requested from f member) on 10/7/15 at 4:06					

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An interview was conducted with other staff member (OSM) #1, human resources, on 10/08/15 at 9:30 a.m. When asked where the

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Facility ID: VA0008

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		495362	B. WING			C 10/08/2	2015
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701111	D NOROMO AND REI	MADIETIATION		ASH	ILAND, VA 23005		
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F 226	Continued From pa	ae 24	E 2	226			,
	license check and t was for (employee i "She came in as a i manager, and recei I pulled her license	the criminal background check record #2), OSM #1 stated, non-clinical position, as a case ntly went to a clinical position. yesterday and the police exprior." A copy of the job	Г	.20			
	job description for e description docume Education - Degree equivalent experien Management." Wh degree in nursing, t	5 a.m. OSM #1 presented the mployee record #2. The job nted, "Case Manager - in nursing preferred and/or ce in Healthcare en asked if someone has a then shouldn't they have an #1 stated, "Yes, we should					
	documented, "Crimi who have been con theft, violence, phys another individual, other offense which	ligibility for Employment, nal Convictions: Individuals victed of any offense involving ical harm or mental harm to lrug-related offenses or any raises an issue of potential tients or other employees may					
	employmentAny found to be guilty by of abuse or neglect	individual who has been any state or federal agency of a patient or resident in any snot eligible for employment."					
	483.15(h)(1)	on was provided prior to exit. FORTABLE/HOMELIKE	F2	252			
	The facility must procomfortable and hor	vide a safe, clean, nelike environment, allowing					

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB N	IO. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) C	DATE SURVEY COMPLETED
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	PROVIDER OR SUPPLIER ID NURSING AND REI	HABILITATION		906	EET ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET ILAND, VA 23005		
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F 252		his or her personal belongings	F 2	52			
	by: Based on observatinterview, facility do review and in the coinvestigation, it was staff failed to mainta homelike environmenthe survey sample (one of three units (vresident rooms, (resident rooms, (resident rooms, 301, 302, 303, 308, 1). The facility staff f#1's room in a clear 2. The facility staff f#11's Geri chair arm 3. On 10/6/15, 10/7, urine odor was note the hallway on wing portion of the hallway	determined that the facility ain a clean comfortable ent for two of 37 residents in (Residents #1 and #11) and wing three) and in 17 of 98 sident rooms 113B, 122, 18A, 320B, 324, 240B, 300, 312, 313B and 330). Tailed to maintain Resident in manner.					

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The findings include:

330.

4. Multiple areas and items were observed in need of repair and or cleaning in resident rooms 113B, 122, 213B, 218B, 314, 318A, 320B, 324, 240B, 300, 301, 302, 303, 308, 312, 313B and

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Facility ID: VA0008

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			·		DIVID NO. 0936-0391
	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495362	B. WING		C 10/08/2015
	PROVIDER OR SUPPLIER ID NURSING AND RE	HABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005	
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F 252	Continued From pa 1. The facility staff #1's room in a clea	failed to maintain Resident	F 2	E52 F 252 (E):	
	Resident #1 was admitted to the facility on 6/6/14 with diagnoses that included but were not limited to: diabetes (a blood sugar disease) and			1. Resident #1's room has cleaned. Resident #11 (

quadriplegia (paralysis of both arms and both legs). Resident #1's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 8/24/15, coded the resident as being cognitively intact, scoring a 15 out of a possible 15 on the BIMS (Brief Interview for Mental Status) interview. The resident was coded as being totally dependent on two or more staff for bed mobility, transfers, dressing and bathing.

On 10/7/15 at 9:30 a.m., Resident #1 voiced concern regarding the cleanliness of his room. The following was observed:

One piece of a candy wrapper on the floor.
One piece of a paper towel on the floor.
Two balls of hair on the floor.
One blue cap on the floor.
Dirt on the floor.
Black and brown stains on the floor.
Film of dust on top of the air conditioning/heating unit.

Dust and brown stains on the light over the bed. One piece of yellow wrapper on the floor. Food crumbs on the floor.

Film of dust on the baseboard behind the bed.
Dirt, hair and food crumbs on the base of the over bed table.

During the above observation, Resident #1 stated his room was worse than a prison and he knew this because he previously worked at a prison.

- 1. Resident #1's room has been cleaned. Resident #11 Geri chair armrest was replaced. Wing 3 unsecure portion and secured portion strong urine smell was eliminated. Room number 113B, 122, 213B, 314, 318A, 320B, 324, 240B, 300, 301, 302, 303, 308, 312, 313B and 330 were all cleaned. Items identified in need of repair were corrected. Room number 300, 301, 302, 303, 306, 312, 313, 328 and 330 resident room / bathrooms were cleaned to address the urine odor.
- 2. Environmental rounds/observations have been conducted throughout the facility to ensure resident areas are safe/clean/comfortable/ and that the environment is homelike.

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Facility ID: VAD008

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		AND HOMAN SERVICES				FORM APPROVED
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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY CDMPLETED
		495362	B, WING			C 10/08/2015
NAME OF I	PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE	1 10/00/2015
A CHI A N	D NUDSING AND DC	LIA DIL ITATIONI			THOMPSON STREET	
ASIILAN	D NURSING AND RE	TABILITATION		ASI	HLAND, VA 23005	
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F 252	neglected prisoner, and clean." On 10/7/15 at 5:29 conducted with OS the director of hous #14 was asked the resident rooms. Os do a walk through a OSM #14 stated statevery day using the OSM #14 stated statevery day using the conditioning/heating bed lights. At this to Resident #14's room above concerns rear removed a film of doconditioning/heating #14 stated, "Wow." floor. This surveyo baseboard with one totally agree." OSM formerly responsible longer cleaned the cleaning the room. On 10/7/15 at 6:35 director of nursing with findings. The facility docume Room Cleaning method to any area in a health stated." In the condition of the cleaning method to any area in a health stated.	p.m., an interview was M (other staff member) #14, ekeeping and laundry. OSM facility process for cleaning SM #14 stated every day, staff and spot check each room. aff cleans resident rooms if five and seven step process. aff cleans the sink, mirrors,	F	252	3. Housekeeping employ received education fro Administrator/Design regarding cleaning of rooms. Current employ received education fro Administrator/Design regarding identifying reporting items in nee to maintenance staff. Maintenance employe received education regpolicy related to obtain concerns from mainten on nursing units and concerns from mainten on nursing units and concerns from mental rounds the facility to identify environmental areas of The Administrator/Deconduct observations frooms (5) times per with months to observe for identify odors, items in repair, and concerns recleanliness.	om the ee resident yees have om the ee and d of repair es have garding ning nance logs onducting throughout potential f concern. signee will for (10) eek for (3) and n need of

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Protective Equipment. 5-Step Patient Room

Event ID:W82V11

Facility ID: VA0008

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F 252	trash from all rooms liner as need. Sanit aware of sharps or materials in trash. disinfected: Using a germicide, sanitize enter the room, wor hitting all surfaces. window sills, chairs: Clean Walls: Vertica wiped down daily- by Walls- especially by door handles- will n Mop: The entire florespecially behind dishould never damp been dust mopped. mop. All corners and be dust mopped to pushes dust into co Damp Mop: Remen damp mop' - not we area of a patient's ruthis is where most and so it needs to be mopping, start in the all furniture necessaredges first. Never put the training to use 'Wet Forget to use 'Wet Forget to use 'Wet Forget to use 'Wet Forget to sanitize of the sanitize	e: 1. Empty Trash: Collect as a a first priority. Replace ize the trash can daily. Be other potentially hazardous 2. Horizontal Surfaces. 3. Solution of properly diluted all horizontal surfaces. As you k clockwise around the room Table tops, headboards, - should all be done. 3. Spot al surfaces are not completely but must be spot-cleaned daily. I trash cans, light switches and eed special attention. 4. Dust or must be dust mopped- ressers and beds. Employees mop a floor before it has Move all furniture to dust d along all baseboards must prevent buildup. When water rners, problems occur. 5. aber- The procedure is to et mop. The most important com to disinfect is the floor. air-borne bacteria will settle the sanitized daily. As with dust the far corner of the room, move ary, and run the mop along the bush the mop into a corner. To a build up. Using a figure 8 yay out of the door. Do not	F	252		The results of the observial be discussed by the Administrator/Designer Quality Assurance Per Improvement Commit Meeting monthly for (The committee will recrevisions to the plan as to sustain substantial of 11/10/15	ne tee in the formance tee 3) months. commend s indicated
	Cleaning" documen Reline receptacles : HORIZONTAL SUR	nt titled, "7-Stepts Daily Room ted, "1. EMPTY TRASH. and sanitize as needed. 2. FACES. Clean and dust Sermicide: windowsills, bed					

rails, headboards, tables, chairs, dressers, and

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CENTERS	S FOR MEDICARE	E & MEDICAID SERVICES			<u>OMB NO. 0938-039</u> 1
STATEMENT O ANO PLAN OF	F OEFICIENCIES CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL A. BUILO	TIPLE CONSTRUCTION ING	(X3) OATE SURVEY COMPLETEO
		495362	B. WING		C 10/08/2015
1	OVIOER OR SUPPLIER NURSING AND RE			STREET AOORESS, CITY, STATE, ZIP COOE 906 THOMPSON STREET ASHLAND, VA 23005	
(X4) IO PREFIX TAG	(EACH OEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFII TAG	PROVIOER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCEO TO THE APPRO OEFICIENCY)	JLO BE COMPLETION
С е У Е Г	Clean: light switche etc. 4. DUST MOF you go. Take care DAMP MOP FLOO FIXTURES. 7. PE REFILL SUPPLIE:	age 29 SPOT CLEAN WALLS. es, doors & frames, pictures, P FLOOR. Move furniture as sweeping under beds. 5. PR. 6. CLEAN BATHROOM RSONNEL INSPECTION S). Make sure water is clean ect. Change mon water every	F 2	252	

No further information was presented prior to exit.

3 rooms or more often as needed. Move furniture as you work your way out. Utilize wet floor signs."

2. The facility staff failed to maintain Resident #11's Geri chair armrest in good repair.

Resident #11 was admitted to the facility on 5/2/13 with diagnoses that included but were not limited to: dementia (a brain disease) and convulsions. Resident #11's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 7/12/15, coded the resident's cognitive skills for daily decision making as severely impaired. Section G coded Resident #11 as being totally dependent with bed mobility, transfers, locomotion, dressing and toilet use.

On 10/7/15 at 1:40 p.m., Resident #11 was observed in a Geri chair in the bedroom. Two torn areas (with cloth and foam exposed) were observed on the right armrest of the Geri chair. The first area was approximately one inch long by one inch wide. The second area was approximately one and a half feet long by two inches wide.

On 10/7/15 at 4:25 p.m., an interview was

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB N	NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) I	DATE SURVEY COMPLETED
		495362	B. WING		particular de la principa de la constantina della constantina dell		C 1 0/08/2015
NAME OF I	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		<u> </u>
A SHI A N	D NURSING AND RE	HARII ITATION	1	91	06 THOMPSON STREET		
70175714	D HOROMO AND INC.	ADIZITATION		Α	SHLAND, VA 23005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULO BE	(X5) COMPLETION DATE
F 252	#8 When asked the equipment such as are in good repair, something, we inforit." On 10/7/15 at 4:40 Resident #11's Ger stated the armrest sarmrest. On 10/7/15 at 5:29 conducted with OSI director of maintena department power vehairs once a week wheelchairs and Gefacility wing) (Residevery Monday. On 10/7/15 at 5:55 conducted with OSI assistant put some took the chairs to the previous Friday (10, wasn't aware of any needed a new Geri On 10/7/15 at 6:00 conducted with OSI rehabilitation. OSM recently made awarnew Geri chair. OS	A (certified nursing assistant) e facility process for ensuring wheelchair and Geri chairs CNA #8 stated, "If we see rm maintenance and they fix p.m., CNA #8 was shown i chair armrest. CNA #8 should be like the other p.m., an interview was M (other staff member) #9, the ance. OSM #9 stated his washes wheelchairs and Geri. OSM #9 stated the eri chairs on wing (number of ent #11's wing) are washed p.m., another interview was M #9. OSM #9 stated his new Geri chairs together and the therapy department on the (2/15). OSM #9 stated he or particular resident that chair. p.m., an interview was M #11, the director of 1 #11 stated he was not the of anyone who needed a M #11 stated no one has	F 2	?52			
		M #11 stated no one has ing Resident #11's Geri chair					

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On 10/7/15 at 6:35 p.m., ASM (administrative staff member) #1, the administrator and director

Event ID: W82V11

Facility ID: VA0008

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES					D. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
		495362	B. WING	;		10	C 0/08/2015
NAME OF I	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
ASHLAN	D NURSING AND REI	HABILITATION			06 THOMPSON STREET		
·				A	SHLAND, VA 23005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT DF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN DF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETION OATE
F 252	Continued From pa	ge 31	F2	252			
	•	de aware of the above		_			
		vas asked how staff ensures					
		Geri chair armrests are free and bacteria. ASM #1 stated,					
	"I don't know."	and bacteria. Moin in Stated,					
	and equipment will program of prevent action to identify are repairAll employed areas or equipment their supervisor. All assistance will be rettle Maintenance Rewill be completed at area on the nursing office. Environment check for completed The Requests will be according to need. request in a reason originator will be not and future resolution.	, "The facility's physical plant be maintained through a ative maintenance and prompt eas/items in need of es will report physical plant in need of repair or service to a items needing maintenance exported to maintenance using expair Request form. The form and placed in a designated unit or in the maintenance tal Services personnel will deforms throughout the day. The prioritized and completed and if unable to complete the able period of time, the tified as to the current status n"					
	3. On 10/6/15, 10/7/ urine odor was note the hallway on wing portion of the hallway	/15 and 10/8/15, a strong and in the unsecured portion of three, and in the secured ay on wing 3, (the dementia sident rooms on the dementia					

Resident #1 was admitted to the facility on 6/6/14 with diagnoses that included but were not limited

to: diabetes (a blood sugar disease) and quadriplegia (paralysis of both arms and both legs). Resident #1's most recent MDS (minimum

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STATEMENT OF OEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING C 495362 STREET AOORESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND NURSING AND REHABILITATION (X3) OATE SURVE COMPLETED C 10/08/201 STREET AOORESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005 (X4) IO PREFIX (EACH OEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION SHOULD BE COMPLETED (X3) OATE SURVE COMPLETED C PROVIDERS (X4) OATE SURVE COMPLETED C PROVIDERS (X4) OATE SURVE COMPLETED C PROVIDERS (X5) OATE SURVE COMPLETED C PROVIDERS (X5) OATE SURVE COMPLETED C PROVIDERS (X5) OATE SURVE COMPLETED C C PROVIDERS COMPLETED C C 10/08/201	CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				O	MB NO.	0938-0391
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION (X4) IO PREFIX (EACH OEFICIENCY MUST BE PRECEOED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 252 Continued From page 32 data set), a quarterly assessment with an ARD (assessment reference date) of 8/24/15, coded the resident as being cognitively intact, scoring a 15 out of a possible 15 on the BIMS (Brief Interview for Mental Status) interview. On 10/7/15 at 6:05 p.m., an Interview was conducted with Resident #1 regarding urine odors in the facility. Resident #1 stated, "It reeks in the				1 ' '				(X3) OAT	E SURVEY
ASHLAND NURSING AND REHABILITATION (X4) IO SUMMARY STATEMENT OF OEFICIENCIES (EACH OEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OEFICIENCY) F 252 Continued From page 32 data set), a quarterly assessment with an ARD (assessment reference date) of 8/24/15, coded the resident as being cognitively intact, scoring a 15 out of a possible 15 on the BIMS (Brief Interview for Mental Status) interview. On 10/7/15 at 6:05 p.m., an Interview was conducted with Resident #1 regarding urine odors in the facility. Resident #1 stated, "It reeks in the			495362						
ASHLAND, VA 23005 (X4) IO PREFIX (EACH OEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE OEFICIENCY) F 252 Continued From page 32 data set), a quarterly assessment with an ARD (assessment reference date) of 8/24/15, coded the resident as being cognitively intact, scoring a 15 out of a possible 15 on the BIMS (Brief Interview for Mental Status) interview. On 10/7/15 at 6:05 p.m., an Interview was conducted with Resident #1 regarding urine odors in the facility. Resident #1 stated, "It reeks in the	NAME OF F	PROVIOER OR SUPPLIER			STE	REET AOORESS, CITY, STATE, ZIP C	OOE	1 10/	00/2013
PRÉFIX REGULATORY OR LSC IOENTIFYING INFORMATION) F 252 Continued From page 32 data set), a quarterly assessment with an ARD (assessment reference date) of 8/24/15, coded the resident as being cognitively intact, scoring a 15 out of a possible 15 on the BIMS (Brief Interview for Mental Status) interview. On 10/7/15 at 6:05 p.m., an Interview was conducted with Resident #1 regarding urine odors in the facility. Resident #1 stated, "It reeks in the	ASHLAN	D NURSING AND RE	HABILITATION						
data set), a quarterly assessment with an ARD (assessment reference date) of 8/24/15, coded the resident as being cognitively intact, scoring a 15 out of a possible 15 on the BIMS (Brief Interview for Mental Status) interview. On 10/7/15 at 6:05 p.m., an Interview was conducted with Resident #1 regarding urine odors in the facility. Resident #1 stated, "It reeks in the	PRÉFIX	(EACH OEFICIENC)	Y MUST BE PRECEOEO BY FULL	PREF		(EACH CORRECTIVE ACTION CROSS-REFERENCEO TO THE	SHOULO	BE	[X5] COMPLETION OATE
made him feel, Resident #1 stated, "I feel horrible. My mom and friends notice it. It's embarrassing. My kids don't come anymore." On 10/6/15 at approximately 2:00 p.m., 10/7/15 at approximately 8:10 a.m. and 10/8/15 at approximately 8:15 a.m., observations of the secured dementia unit hallway and resident rooms was conducted. A urine odor was noted in the hallway and in the following resident rooms/bathrooms: 300, 301, 302, 303, 306, 312, 313, 328 and 330. On 10/6/15 at approximately 2:00 p.m., 10/7/15 at approximately 8:10 a.m. and 10/8/15 at approximately 8:10 a.m., a strong urine odor was observed in the hall on the unlocked portion of wing 3 while walking from the end of the hall toward the nurse's desk. On 10/6/15 at 5:00 p.m., a strong urine odor was observed in the hall on the unlocked portion of wing 3 while walking from the end of the hall toward the nurse's desk. On 10/8/15 at 9:15 a.m., observations of the hallway on wing three and the secured dementia		data set), a quarter (assessment refere the resident as bein 15 out of a possible Interview for Menta 10/7/15 at 6:05 p.m with Resident #1 refacility. Resident # hallways." When a made him feel, Reshorrible. My mom a embarrassing. My On 10/6/15 at approapproximately 8:10 approximately 8:15 secured demential trooms was conduct the hallway and in trooms/bathrooms: 313, 328 and 330. On 10/6/15 at approapproximately 8:10 approximately 8:15 observed in the hallwing 3 while walking toward the nurse's conserved in the hallwing 3 while walking toward the nurse's conserved in the hallwing 3 while walking toward the nurse's conserved in the hallwing 3 while walking toward the nurse's conserved in the hallwing 3 while walking toward the nurse's conserved in the hallwing 3 while walking toward the nurse's conserved in the hallwing 3 while walking toward the nurse's conserved in the hallwing 3 while walking toward the nurse's conserved in the hallwing 3 while walking toward the nurse's conserved in the hall wing 3 while walking toward the nurse's conserved in the hall wing 3 while walking toward the nurse's conserved in the hall wing 3 while walking toward the nurse's conserved in the hall wing 3 while walking toward the nurse's conserved in the hall wing 3 while walking toward the nurse's conserved in the hall wing 3 while walking toward the nurse's conserved in the hall wing 3 while walking toward the nurse's conserved in the hall wing 3 while walking toward the nurse's conserved in the hall wing 3 while walking toward the nurse's conserved in the hall wing 3 while walking toward the nurse's conserved in the hall wing 3 while walking toward the nurse's conserved in the hall wing 3 while walking toward the nurse's conserved in the hall wing 3 while walking toward the nurse's conserved in the hall walking toward the nurse's conse	rly assessment with an ARD ence date) of 8/24/15, coded and cognitively intact, scoring a ence 15 on the BIMS (Brief all Status) interview. On and, an Interview was conducted agarding urine odors in the estated, "It reeks in the asked how the urine odors sident #1 stated, "I feel and friends notice it. It's kids don't come anymore." oximately 2:00 p.m., 10/7/15 at a.m., observations of the unit hallway and resident ted. A urine odor was noted in the following resident 300, 301, 302, 303, 306, 312, oximately 2:00 p.m., 10/7/15 at a.m., a strong urine odor was I on the unlocked portion of g from the end of the hall desk. p.m., a strong urine odor was I on the unlocked portion of g from the end of the hall desk. a.m., observations of the		252				

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with OSM (other staff member) # 9, director of environmental services and OSM # 10,

Event ID: W82V11

Facility IO: VA0008

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NOV 0 2 2015 VDH/OLC

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CENTERS FOR MEDICAR		& MEDICAID SERVICES				O	OMB NO. 0938-0391		
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		495362	B. WING	<u>-</u>			C 10/08/2015		
NAME OF P	PROVIDER DR SUPPLIER			s	STREET ADDRESS, CITY, STATE, ZIP CO	DE			
ASHLAN	D NURSING AND REI	HABILITATION			906 THOMPSON STREET ASHLAND, VA 23005				
/V4\ ID	STIMMAD DV STA	TEMENT OF DEFICIENCIES		ــــــــــــــــــــــــــــــــــــــ	·····				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	·ΙΧ	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CRDSS-REFERENCED TO THE A DEFICIENCY)	SHDULD	BE COMPLETIC	NC	
F 252	Continued From pa	ige 33	F:	252	<u>.</u>				
	•	ict manager. The following	· -						
	was noted in reside	ent rooms/bathrooms:							
		#9 and # 10 confirmed urine							
	odor in the bathroor	m and room. 12/313 OSM - #9 and # 10							
	confirmed urine odd								
		#9 and # 10 confirmed urine							
	odor in the bathroor	n and room.					,		
		p.m., a group interview was							
		nt residents. The residents ce urine odors in the facility							
	and staff was alway								
		a.m., an interview was							
	conducted with OSM environmental servi								
		ict manager regarding							
	cleaning of the resid	dent's rooms and the urine							
		ated the housekeeping							
		sponsible for cleaning resident and they are cleaned three							
		s needed. In regard to the							
		0 stated, "Once the urine gets							
	under the floor or tile	es it's hard for us to neutralize							
		stated, "We have a plan in							
		tile flooring in the resident's						Ì	
		ingle piece of vinyl flooring to seeping under the flooring."							
		ited that they had not started							
	replacing the bathro	oom floors and that the							
	administration was	aware of the problem.							

findings.

On 10/8/15 at approximately11:30 a.m., the Administrator was made aware of the above

The facility contracted housekeeping company's policy titled "7 - Steps Daily Room Cleaning / Bathroom" revealed nothing pertinent to these

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	_			OMB NO. 0938-	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE SURVE COMPLETED	EY
		495362	B. WING			C 10/08/201	15
	PROVIDER OR SUPPLIER D NURSING AND RE	HABILITATION		906	EET ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET HLAND, VA 23005		<u>.u</u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPL	(5) LETION (TE
F 252	COMPLAINT DEFI 4. Multiple areas a need of repair and 113B, 122, 213B, 2 240B, 300, 301, 30 330 Observations of reson 10/6/15 at approapproximately 8:10 approximately 8:15 revealed the following revealed	ion was presented prior to exit. CIENCY Inditems were observed in or cleaning in resident rooms 18B, 314, 318A, 320B, 324, 2, 303, 308, 312, 313B and sident's rooms were conducted eximately 2:00 p.m., 10/7/15 at a.m. and 10/8/15 at a.m. The observations arg: a missing drawer pull on three missing drawer pull on four on the outside wall and the wall se was rotted and crumbling, he bedside table had a mobetween the first and int peeling off the face of the drawer pull hanging off a	F 2	52			

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drawer on the bedside table.

Room 240 B - drawer pull hanging off a

Room 300 bathroom - dark brown substance

Event IO: W82V11

Facility ID: VA0008

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO	O. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '		CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
		495362	B. WING	;		10	C 0/08/2015
NAME OF F	PROVIDER OR SUPPLIER		<u>+</u>	STRE	EET AOORESS, CITY, STATE, ZIP COO		77 CO120 10
ASHLAN	ID NURSING AND REI	HARII ITATION		906	THOMPSON STREET		
	D 1101101110 7 110 110.	TADIETA TON		ASH	HLAND, VA 23005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	I O PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULO BE	IX5) COMPLETION DATE
F 252	Continued From pa	ige 35	F:	252			
	covering the caulk a	around the base of the toilet.					
	 Room 301 bath 	nroom - dark brown substance					
	covering the caulk	around the base of the toilet.					
	Room 302 bath	nroom - dark brown substance					
		around the base of the toilet.					
		the toilet and covering the					
		ase of the toilet and damage to					
	the wall behind the						
		dside table missing drawer					
	pull.	Ť					
		k brown substance covering					
	the caulk around the						
	Room 313 B - U	the wall behind the head of the					
		nfinished and unpainted easuring approximately sixteen					
		d a half inches and nine and a					
	half inches by six in						
		room - dark brown substance					
	on the bathroom do	oor frame, a piece of plywood					
	covering and fasten	ned over the bathtub with			ক		
	un-sanded and shar	rp edges on the exterior edge.					
	globe missing from	the ceiling light fixture and a					
	brown stained ceilin	ig tile.					
	On 10/8/15 at 9:15	a.m., observations of resident					
		13B, 218B, 314, 318A, 320B,					
	324, 240B, 300, 301	1, 302, 303, 308, 312, 313B					
	and 330 was conduction	cted with OSM (other staff					
		irector of environmental					
		# 10 the housekeeping					
		If the areas listed above were					
		# 9 and # 10. OSM # 9 and # nowledged the observations,					
·	concerns and stater	d that the items needed to be					
		d. OSM # 9 acknowledged					ŀ
		wood on the plywood					1
		b in the bathroom for Room					į

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330 was unfinished and was sharp and could

Event IO; W82V11

Facility IO: VA0008

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CENTE	& MEDICAID SERVICES			(. 0938-0391	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		PLE CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED
		495362	B. WING	·			C /08/2015
NAME OF I	PROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE		
ASHLAN	ID NURSING AND RE	HABILITATION		1	906 THOMPSON STREET ASHLAND, VA 23005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ΊX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	[X5] COMPLETION DATE
F 252	Continued From pa	-	 F:	252	2		
		OSM # 9 stated. "The plywood be replaced to eliminate the					:
	interview was condugeneral repairs with maintenance depart how the maintenance repairs or possible I rooms. OSM # 9 st survey that is condumonday to tell us wiresidents rooms. E assigned to a wing cresponsible for thos maintenance depart system OSM # 9 stamaintenance logboothree times a week, OSM #10 stated the was responsible for rooms/bathrooms a times a days and as	tment. OSM # 9 was asked ce department is notified of hazards in the residents tated, "We rely on the mock ucted by the facility staff every that needs to be fixed in the each maintenance staff is of the facility and is se repairs." When asked if the tment uses a work order ated, "Each wing has a ok and it is checked at least, it should be checked daily." e housekeeping department cleaning resident and they are cleaned three s needed.					
	part, "The Director of perform daily rounds	"Maintenance" documented in of Environmental Services will is of the building to ensure the ards and in proper physical					
	policy titled, "7 - Ste	ed housekeeping company's eps Daily Room Cleaning / I nothing pertinent to these					

findings.

On 10/8/15 at approximately11:30 a.m., the Administrator was made aware of the above

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CENTER	19 LOV MEDICAVE	a MEDICAID SERVICES			OMR M	<u>O. 0938-0391</u>	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495362	B. WING _		1	C 10/08/2015	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO			
				906 THOMPSON STREET			
ASHLAN	D NURSING AND REI	HABILITATION		ASHLAND, VA 23005			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULDBE	X5 COMPLETION DATE	
F 252	Continued From pa	ge 37	F 25	52			
	No further informati 483.20(b)(1) COMF ASSESSMENTS	ion was presented prior to exit. PREHENSIVE	F 27	72			
	a comprehensive, a reproducible assess functional capacity. A facility must make assessment of a reresident assessment by the State. The aleast the following: Identification and de Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior Psychosocial well-b Physical functioning Continence;	e a comprehensive sident's needs, using the nt instrument (RAI) specified assessment must include at emographic information; patterns; peing; g and structural problems; and health conditions; al status;					
	Discharge potential, Documentation of s the additional asses areas triggered by the Data Set (MDS); an	; ummary information regarding asment performed on the care he completion of the Minimum					

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NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495362	(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED C 10/08/2015
The riberto's barron contribution		IABILITATION	906 THOMPSON STREET		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	PREFIX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	D BE COMPLETION

F 272 Continued From page 38

F 272

This REQUIREMENT is not met as evidenced by:

Based on staff interview, facility documentation review and clinical record review it was determined that facility staff failed to provide location and date of information for CAA (Care Area Assessment) triggered areas on a comprehensive MDS (minimum data set) assessment for three of 37 residents in the survey sample, Resident #10, #5, and #12.

- 1. For Resident #10, facility staff failed to provide location and date of information on the CAA (Care Area Assessment) Summary Worksheet for the annual MDS (minimum data set) assessment with an ARD (assessment reference date) of 11/25/14.
- 2. For Resident #5, the facility staff failed to document the location and date on the CAA (Care Area Assessment) Summary Worksheet for the significant change MDS (minimum data set) assessment with an ARD (assessment reference date) of 2/8/15.
- 3. For Resident # 12, the facility staff failed to document the location and date on the CAA (Care Area Assessment) Summary Worksheet for the annual MDS (minimum data set) assessment with an ARD (assessment reference date) of 6/25/15.

The findings include:

1. For Resident #10, facility staff failed to provide location and date of information on the CAA (Care

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F 272 Continued From page 39

Area Assessment) Summary Worksheet for the annual MDS (minimum data set) assessment with an ARD (assessment reference date) of 11/25/14.

Resident #10 was admitted to the facility on 12/29/2008 and readmitted on 3/30/14 with diagnoses that included but were not limited to Alzheimer's disease, hypothyroidism, osteoporosis, rectal cancer, rheumatoid arthritis, and major depressive disorder. Resident #10 most recent MDS was a quarterly review assessment with an ARD of 8/16/15. Resident #10 was coded as being severely cognitively impaired in the ability to make daily life decisions scoring 0 out of 15 on the BIMS (Brief Interview for Mental Status). Resident #10 was coded as being totally dependent on staff with transfers, dressing, eating, personal hygiene, toileting and bathing.

A review of the clinical record revealed that the most recent comprehensive MDS was an annual assessment with an ARD of 11/25/14. This review revealed in Section V (Care Area Assessment (CAA) Summary), a column, titled "Location and Date of CAA documentation." The following areas were triggered: Cognitive Loss/Dementia, Visual Function, Communication, Urinary Incontinence and Indwelling Catheter, Falls, Nutritional Status, and Pressure.

The following was documented under location and date for the triggered care area of cognitive loss, "CAA WS (worksheet) dated 12/4/2014."

Review of the CAA worksheets dated 12/4/14 failed to reveal date and location of information for the triggered care area cognitive loss.

F 272 <u>F 272 (D)</u>:

1. Residents #10, #5, and #12 have received modifications of comprehensive assessments and Care Area Assessment sections; Resident #10 Annual Assessment ARD 11/25/2014 CAA triggered for Cognitive Loss completed to include date and location of documentation; Resident #5 Significant Change Assessment ARD 2/8/2015 CAA triggered for Cognitive Loss completed to include date and location of documentation; Resident #12 Annual Assessment ARD 6/25/2015 CAAs triggered for Cognitive Loss and Dietary completed to include date and location of documentation.

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F 272

F 272 Continued From page 40

On 10/7/15 at 8:57 a.m., an interview was conducted with ASM (administrative staff member) # 1, the administrator regarding the staff member that completed the CAA worksheet for the triggered area cognitive loss on Resident #10. ASM #1 stated, "This staff member is a traveling MDS coordinator. She is not in the building at this time. I will try to locate her."

On 10/7/15 at 9:01 a.m., an interview was conducted with LPN (licensed practical nurse) #2. the MDS coordinator. When asked the process of date and location of information for CAA triggered areas she stated, "Generally what we do is review the medical record such as the physician order sheet, MAR etc. and when an area is triggered on the MDS we will locate where in the medical record supports the triggered area. We also reference the time period where we found information." LPN #2 was shown Resident #10's MDS and CAA worksheets. She stated, "I don't see date and location, let me peep at it in the computer." At 9:06 a.m. she stated, "She just didn't reference it. Something should have been addressed." LPN #2 stated that they use the RAI (Resident Assessment Instrument) when completing the MDS and CAA worksheets.

On 10/7/15 at 8:57 a.m. administration was made aware of the above concerns. No further information was provided during the time of survey.

Section V of the MDS documents at the top of the page the following instructions:

1. Check column A if the Care Area is triggered.

2. Residents that currently reside in the facility have the potential to be affected. Minimum Data Set review of CAAs for comprehensive assessments that have been completed within the last three months will be conducted by Regional Case Mix Coordinator/Designee(s).

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F 272 Continued From page 41

- 2. For each triggered Care Area, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment of the care area. The Addressed in the Care Plan column must be completed within 7 days of completing the RAI (MDS and CAA(s)). Check column B if the triggered care area is addressed in the care plan.
- 3. Indicate in the Location and Date of CAA information column where information related to the CAA can be found. CAA documentation should include information on the complicating factors, risks and any referrals for this resident for this care area.

Review of CMS's (Center of Medicare/Medicaid Services) RAI (Resident Assessment Instrument) Version 3.0 User's Manual documented, "CHAPTER 4: CARE AREA ASSESSMENT (CAA) PROCESS AND CARE PLANNING, 4.5 Other Considerations Regarding Use of the CAAs. Use the "Location and Date of CAA Documentation" column on the CAA Summary (Section V of the MDS 3.0) to note where the CAA information and decision making documentation can be found in the resident's record. Also indicate in the column "Care Planning Decision" whether the triggered care area is addressed in the care plan."

2. For Resident #5, the facility staff failed to document the location and date on the CAA (Care Area Assessment) Summary Worksheet for the significant change MDS (minimum data set) assessment with an ARD (assessment reference date) of 2/8/15.

- F 272
- 3. The Interdisciplinary Team has been educated by RCMC (Regional Case Mix Coordinator) on the proper completion of the CAAs for comprehensive assessments. Random weekly reviews will be completed by the Minimum Data Set Coordinator/Designee for (5) residents per week for (3) months to ensure that the CAAs are completed and the date and location of the information included in the CAAs is indicated.
- 4. Results of the random weekly reviews will be discussed by the Administrator/Designee at the Quality Assurance Performance Improvement Committee Meeting monthly for (3) months. The committee will recommend revisions to the plan as indicated to sustain substantial compliance.
- 5. 11/10/2015

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F 272	Continued From pa	ge 42	F 2	272		
	diagnoses of but no encephalopathy, de	dmitted 5/13/14 with the ot limited to multiple sclerosis, epression, bipolar, anxiety and st recent MDS (Minimum Data				

A review of the clinical record revealed the most recent comprehensive MDS (a significant change MDS with an ARD of 2/8/15). Under Section V (the CAA Summary section) (CAA - Care Area Assessment), the following were documented as being a triggered area (as evidenced by an "X" in the box for column "A - Care Area Triggered"): Cognitive Loss/Dementia, ADL Functional/Rehabilitation Potential, Urinary Incontinence and Indwelling Catheter, Falls, Nutritional Status, Pressure Ulcer, Psychotropic

Set) was a quarterly assessment with an ARD (Assessment Reference Date) of 8/8/15. The resident was coded as being mildly cognitively impaired in ability to make daily life decisions, scoring an 11 out of a possible 15 on the BIMS (Brief Interview for Mental Status) exam. The resident was coded as requiring total care for bathing; extensive assistance for dressing and hygiene; limited assistance for transfers; supervision for eating; and as incontinent of

Under the column for "Location and Date of CAA documentation" for Cognition, was documented, "CAA WS dated 2/18/15." Review of the CAA worksheet failed to reveal the date and location of information as obtained from the clinical record to complete this section.

On 10/7/15 at 2:34 p.m., in an interview with OSM #5 (Other Staff Member #5, the social worker)

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bowel and bladder.

Drug Use, and Pain.

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F 272	documented where stated she had no f shown to do that.	ge 43 "should probably have in the nurse's notes." She ormal training and was not p.m., the Administrator and	F 2	72			
	DON (Director of Nursing) was made aware of the findings. No further information was provided by the end of the survey.						
	document the locati Area Assessment) annual MDS (minim	2, the facility staff failed to fon and date on the CAA (Care Summary Worksheet for the furn data set) assessment with the ference date) of 6/25/15.					
	2/13/12 with diagno limited to: depression fibrillation, osteoarth						
2 r 0 r	assessment, with an resident as being se cognitive decisions. requiring extensive	OS assessment, a quarterly in ARD of 9/25/15, coded the everely impaired to make daily. The resident was coded as assistance of one to two staffnis activities of daily living.					
	assessment, with an conducted. Docume "Location and Date the following:	Summary for the annual n ARD of 6/25/15 was ented under the column, of CAA Documentation," was					

(worksheet) dated 7/1/15

09. Behavioral Symptoms - CAA WS dated 7/1/15

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F 272	Review of the CAA loss/dementia, beh nutritional status did documentation as the from which the info assessment was loo assessment was loo An interview was contained in the practical nurse) #2, 10/7/15 at 11:45 a.r responsible for the behavioral CAAs or social workers are in the CAAs on the MI responsible for the summary, LPN #2 sone completing that An interview was contained as worker. Whe documentation of the complete the CAA simplete the CAA simplete the CAA simplete the CAA sum get any official train coordinators if I have someone to sit dow When asked if she have a reference she cases which is a status of the contained in the coordinators if I have someone to sit dow when asked if she have a reference she cases which is a status of the coordinators in	worksheet for Cognitive avioral symptoms and do not reveal any of the location and the dates rmation used to complete the cated. Inducted with LPN (licensed the MDS coordinator, on m. When asked who is completion of cognition and method the MDS, LPN #2 stated the responsible for that area on DS. When asked who was nutritional status CAA stated that the dietician is the it section of the MDS.	F 2	72			

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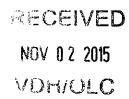
The administrative team was made aware of the

nurses."

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F 272	dietician, on 10/8/18 where the documer to complete the CA #3 stated, "I was no MDS. I go to four fainformation as I go. for questions." Whereference book or restated, "No."			272					
	483.20(g) - (j) ASSE ACCURACY/COOR The assessment mare resident's status. A registered nurse reach assessment was participation of health assessment is complete that portion of the assessment must state that portion of the assessment willfully and knowing the account of the assessment willfully and knowing the account of the account	ESSMENT RDINATION/CERTIFIED ust accurately reflect the must conduct or coordinate with the appropriate lith professionals. must sign and certify that the pleted. c completes a portion of the sign and certify the accuracy of	, F 2	278					
	subject to a civil mo \$1,000 for each ass	resident assessment is oney penalty of not more than sessment; or an individual who gly causes another individual							

to certify a material and false statement in a

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F 278 Continued From page 46

resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.

Clinical disagreement does not constitute a material and false statement.

This REQUIREMENT is not met as evidenced by:

Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to complete an accurate MDS (minimum data set) assessment for four of 37 residents in the survey sample; Residents #5, #19, #10, #11.

- 1. For Resident #5, the facility staff failed to code the quarterly MDS (minimum data set) with an ARD (assessment reference date) of 5/8/15, for a fall that occurred on 3/28/15.
- 2. Resident #19 was incorrectly coded on her quarterly MDS assessment with an ARD of 7/2/15 as being continent of bladder, Resident #19 was incontinent of bladder during the ARD seven day lookback.
- 3. Facility Staff failed to properly code section O0300 (Pneumococcal Vaccine) on a quarterly MDS (Minimum Data Set) assessment with an ARD (assessment reference date) of 8/16/15 and on an annual MDS assessment with an ARD of 11/25/14, for Resident #10.
- 4. The facility staff failed to accurately code section D of Resident #11's quarterly MDS (minimum data set) assessment with an ARD (assessment reference date) of 7/12/15.

F 278

F 278 (D):

1. Residents # 5 has received modification to the quarterly assessment ARD 5/8/2015, regarding Section J 1900; Resident #19 has received modification to quarterly assessment ARD 7/2/2015 regarding section H; Resident #10 has received modification to quarterly assessment ARD 8/16/15 regarding Section O. question O0300B; as well as the annual assessment ARD 11/25/14 Resident #11 has received a modification to quarterly assessment ARD 7/12/2015 for Section D

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The findings include:

1. For Resident #5, the facility staff failed to code the quarterly MDS with an ARD of 5/8/15, for a fall that occurred on 3/28/15.

Resident #5 was admitted 5/13/14 with the diagnoses of but not limited to multiple sclerosis, encephalopathy, depression, bipolar, anxiety and dementia. The most recent MDS (Minimum Data Set) was a quarterly assessment with an ARD (Assessment Reference Date) of 8/8/15. The resident was coded as being mildly cognitively impaired in ability to make daily life decisions, scoring an 11 out of a possible 15 on the BIMS (Brief Interview for Mental Status) exam. The resident was coded as requiring total care for bathing; extensive assistance for dressing and hygiene; limited assistance for transfers; supervision for eating; and as incontinent of bowel and bladder.

A review of the clinical record revealed an "SBAR" (situation, background, assessment, request) form dated 3/28/15. This form documented that Resident #5 had a fall without injury on that date. The note documented, "Res (resident) parked w/c (wheelchair) in hallway & (and) walked to her rm (room) closet & eased herself to the floor Ø (no) injury Ø c/o (complaints of) pain skin warm dry & intact neuro (neurological) check in place Res is own RP (responsible party) & has informed staff she does not wish to go to the hospital for eval (evaluation) & tx (treatment) MD (medical doctor) aware N.O. (new order) prescribed alarm while in wheelchair." [sic all one run-on sentence,]

F 278

2. Residents that currently reside in the facility have the potential to be affected. Minimum Data Set review will be conducted by the Minimum Data Set Coordinator/Designee of MDS's completed within the last 90 days. This review will include ensuring that the MDS is coded accurately for falls Section J 1900, Section H regarding continence status, Section O regarding Pneumococcal Vaccinations. and Section D.

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F 278	Continued From pa	age 48	F 278	³ 3.	The Interdisciplinary Te	am	
	A review of the 5/8/MDS following the fooded.			has been educated by RO (Regional Case Mix	CMC		
	#1 (Licensed Pract)	p.m., in an interview with LPN ical Nurse #1, MDS nurse), s the first MDS following the			Coordinator)/Designee of sections J, H, O, and D of MDS and will include		

On 10/7/15 at 5:30 p.m., the Administrator and DON (Director of Nursing) was made aware of the findings. No further information was provided by the end of the survey.

have coded it for a fall. It was on my worksheet."

fall, it should be (the fall) coded on it." On

10/8/15 at 8:08 a.m., LPN #1 stated, "I should

2. Resident #19 was incorrectly coded on her quarterly MDS assessment with an ARD of 7/2/15 as being continent of bladder, Resident #19 was incontinent of bladder during the ARD seven day look back.

Resident #19 was admitted to the facility on 4/30/15 with a readmission on 6/18/15, with diagnoses that included, but were not limited to: epilepsy (a form of seizures), anxiety, hypertension, depression, pain and ulcer. The most recent MDS (minimum data set) assessment, was a quarterly assessment with an ARD (assessment reference date) of 9/8/15. Resident # 19 was coded as scoring two out of a possible 15 on the Brief Interview for Mental Status (BIMS) in Section C, Cognitive Patterns, indicating the resident was severely cognitively impaired.

A review of Resident #19's quarterly MDS

- has been educated by RCMC (Regional Case Mix Coordinator)/Designee on sections J, H, O, and D of the MDS and will include completion of those sections according to the RAI manual. Random weekly review of the MDS by the MDSC/Designee for (5) residents per week for (3) months will be completed to
- 4. Results of these reviews will be discussed in the QAPI Committee Meeting by the Administrator/Designee monthly for (3) months. The committee will recommend revisions to the plan as indicated to sustain substantial compliance.

ensure that the MDS is

J, H, O, and D.

accurately coded for Sections

5. 11/10/2015

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F 278	assessment with ar Section H, Bladder was coded as always was compared to R assessment with ar Section H, Bladder coded as always incoded and section between 7/ On 10/8/15 at approximate incoded and section was condupractical nurse) #12 was asked where the MDS where she LPN #12 was asked where she LPN #12 responded of daily living) docurnursing notes and sasked to describe his ignificant change manother. LPN #12 sections we discuss the section was always and the section with a section was always and the section was always incoded as always incode	n ARD of 7/21/15 revealed in and Bowel, that Resident #19 bys continent. This assessment Resident #19's quarterly MDS in ARD of 9/8/15 on which and Bowel, Resident #19 was continent. It #19's clinical record did not intation that evidenced that a significant change in bladder	F 2	278				
	resolving." LPN #12 s documented on Res function. LPN #12 s happened regarding continence." LPN # this change. On 10/8/15 at 12:05 this surveyor and stainaccurate, she (Res	2 was asked about the change sident #19's MDS for bladder stated, "I don't know what g the change in bladder #12 asked for time to research p.m. LPN #12 returned to ated, "My coding was sident #19) has always been was incontinent during the						

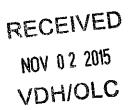
FORM CMS-2567(02-99) Previous Versions Obsolete

7/21/15 MDS assessment. I have already submitted a correction." LPN #12 was asked

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Facility IO: VA0008

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO. 0938-0391
	OF OFFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) OATE SURVEY COMPLETEO
		495362	B. WING			C 10/08/2015
	PROVIDER OR SUPPLIER D NURSING AND REI	HABILITATION		906	REET AOORESS, CITY, STATE, ZIP COOE 5 THOMPSON STREET HLAND, VA 23005	, , , , , , , , , , , , , , , , , , , ,
(X4) IO PREFIX TAG	(EACH DEFICIENCY	TEMENT OF OEFICIENCIES / MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO OEFICIENCY)	ILD BE COMPLETION
F 278	the MDS assessment use the RAI (reside manual. On 10/8/15 at 1:00 member) #1, the add of these findings. No provided prior to the second of these findings. No provided prior to the second of these findings. No provided prior to the second of these findings. No provided prior to the second of these findings. No provided prior to the second of the sec	reference when completing ents. LPN #12 responded, "I not assessment instrument) p.m. ASM (administrative staff dministrator, was made aware to further information was event of the survey. d to properly code section coal Vaccine) on a quarterly ta Set) assessment with an eference date) of 8/16/15 and assessment with an ARD of ent #10. Idmitted to the facility on dmitted on 3/30/14 with added but were not limited to be, hypothyroidism, cancer, rheumatoid arthritis, we disorder. Resident #10's was a quarterly review ARD of 8/16/15. Resident being severely cognitively ty to make daily life decisions on the BIMS (Brief Interview Resident #10 was coded as dent on staff with transfers, rsonal hygiene, toileting and	F	278		
		nt #10's most recent quarterly in its an ARD of 8/16/15 and				

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most recent comprehensive MDS, an annual MDS with an ARD of 11/25/14 was conducted. Section O0300 (Pneumococcal Vaccine) of both

Event IO: W82V11

Facility ID: VA0008

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES					. 0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ONSTRUCTION	(X3) DAT	(X3) DATE SURVEY COMPLETED	
		495362	B. WING	<u> </u>			C / 0 8/ 2015	
NAME OF F	PROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE			
ASHLAN	D NURSING AND REI	HABILITATION		Ì	THOMPSON STREET ILAND, VA 23005			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE	
F 278	Continued From pa		F:	278				
	"A. Is the resident's date? 0. Noè Continue to vaccine not receive 1. Yes à Skip to O B. If Pneumococcal reason: 1. Not eligible-m 2. Offered and d 3. Not offered. " "0" was documente indicating that the revaccination. "-"(dashes) were do O indicating that the answered or assess Further review of Rerevealed an informed vaccine that was signed responsible party or documented that the facility consent to a form documented that facility permission to vaccination, unless the best of my known pneumococcal vaccination until 9/8 resident #10 had in vaccination until 9/8	edical condition. eclined. d under A of section O esident had not received the cumented under B of section e questions were not ed. esident #10's clinical record ed consent for pneumococcal gned by the resident's n 8/19/14. This form e responsible party gave the dminister the vaccination. The ne following: "I hereby give the o administer a pneumococcal medically contraindicated. To wledge, I have not received a cination in the past five years." e clinical record revealed that ot received the pneumococcal						
	conducted with LPN	a.m., an interview was I (licensed practical nurse) #2, or. When asked what the						

dashes meant on the MDS assessments for Resident #10, she stated, "The dashes mean that none of these responses applied to the resident. The vaccination was offered but she was not given it yet so we could not choose choice

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CENTER	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES				OMB N	O. 0938-0391	
	T OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL A. BUILO		CONSTRUCTION	(X3) O	(X3) OATE SURVEY COMPLETEO	
		495362	B. WING			1	C 0/08/2015	
	PROVIOER OR SUPPLIER ID NURSING AND RE	HABILITATION		90€	REET AOORESS, CITY, STATE. ZIP CO 6 THOMPSON STREET 6HLAND, VA 23005	00E	0/00/2015	
(X4) IO PREFIX TAG	(EACH OEFICIENCY	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFI TAG		PROVIOER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCEO TO THE OEFICIENCY)	SHOULO BE	(XS) COMPLETION DATE	
	not decline the vaccould not do choice because the RP sigmeans we offered in Resident #10 was in the consent form withink we were waiting she was given Prevused the RAI (Residmanual. On 10/7/15 at 8:57 made aware of the information was presurvey. According to the RAI "Coding Instructions Pneumococcal Vaccination status is determined. Procee Pneumococcal vaccination status is determined. Procee Pneumococcal vaccination status is determined. Procee Pneumococcal vaccineason. Code 1, yes: if the vaccination status is Therapies. Coding Instructions Vaccine Not Receives ident has not receive vaccine, code the receiver code 1, Not eligible.	the RP (responsible party) did cine." She stated, "We also a number 3 (not offered) gned the consent form. That it." LPN #2 was asked why not offered the vaccine after was signed. LPN #2 stated, "Ing for clarification because whar." LPN #2 stated that she dent Assessment Instrument) a.m., administration was above findings. No further esented during the time of AI manual: s O0300A, Is the Resident's contation Up to Date? resident's pneumococcal is not up to date or cannot be ed to item O0300B, If cine not received, state e resident's pneumococcal is up to date. Skip to O0400, 1 O0300B, If Pneumococcal is up to date. Skip to O0400, 2 O0300B, If Pneumococcal is up to date. Skip to O0400, 3 CO0300B, If Pneumococcal is up to date. Skip to O0400, 4 O0300B, If Pneumococcal is up to date. Skip to O0400, 5 O0300B, If Pneumococcal is up to date. Skip to O0400, 6 O0300B, If Pneumococcal is up to date. Skip to O0400, 7 O0300B, If Pneumococcal is up to date. Skip to O0400, 8 O0300B, If Pneumococcal is up to date. Skip to O0400, 9 O0300B, If Pneumococcal is up to date. Skip to O0400, 10 O0300B, If Pneumococcal is up to date. Skip to O0400, 11 O0300B, If Pneumococcal is up to date. Skip to O0400, 12 O0300B, If Pneumococcal is up to date. Skip to O0400, 13 O0300B, If Pneumococcal is up to date. Skip to O0400, 14 O0300B, If Pneumococcal is up to date. Skip to O0400, 15 O0300B, If Pneumococcal is up to date. Skip to O0400, 16 O0300B, If Pneumococcal is up to date. Skip to O0400, 17 O0300B, If Pneumococcal is up to date. Skip to O0400, 18 O0300B, If Pneumococcal is up to date. Skip to O0400,	F 2	278				

immunize.

component(s) or a physician order not to

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CENTE	CENTERS FOR MEDICARE & MEDICAID SERVICES						
	T OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULT A. BUILOI	TIPLE CONSTRUCTION NG		(X3) OATE SURVEY COMPLETEO	
		495362	B. WING		1	C 0/08/2015	
	ASHLAND NURSING AND REHABILITATION			STREET ACCRESS, CITY, STATE, ZIP COO 906 THOMPSON STREET ASHLAND, VA 23005	OE		
(X4) IO PREFIX TAG	(EACH OEFICIENC)	TEMENT OF OEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIOER'S PLAN OF CORR ((EACH CORRECTIVE ACTION S CROSS-REFERENCEO TO THE AF OEFICIENCY)	HOULO BE	IX5) COMPLETION DATE	
F 278	responsible party/le informed of what is not to accept the pr	nd declined: resident or egal guardian has been being offered and chooses neumococcal vaccine, ed: resident or responsible not offered the	F 2'	78			

Resident #11 was admitted to the facility on 5/2/13 with diagnoses that included but were not limited to: dementia (a brain disease) and convulsions. Resident #11's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 7/12/15, coded the resident as sometimes being understood and as sometimes understanding verbal content. Section C coded Resident #11's

4. The facility staff failed to accurately code section D of Resident #11's quarterly MDS (minimum data set) assessment with an ARD (assessment reference date) of 7/12/15.

Section D of Resident #11's MDS documented. "D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents." A dash was coded. All questions related to the mood interview in sections D0200 and D0300 were also coded with dashes.

cognitive skills for daily decision making as

On 10/7/15 at 2:35 p.m., an interview was conducted with OSM (other staff member) #5, (social worker) the person responsible for completing section D of Resident #11's MDS. OSM #5 stated she attempts the mood interview with everyone. OSM #5 was shown Resident

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severely impaired.

Event IO: W82V11

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				ОМВ	NO. 0938-0391	
	T OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	1 ' '	TIPLE CONSTR			(X3) OATE SURVEY COMPLETEO	
		495362	B. WING				C 10/08/2015	
	PROVIOER OR SUPPLIER				ORESS, CITY, STATE, ZI	P COOE	10/08/2015	
ASHLAN	ID NURSING AND RE	HABILITATION), VA 23005			
(X4) IO PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFI) TAG	(E/	PROVIOER'S PLAN OF C ACH CORRECTIVE ACTI DSS-REFERENCEO TO T OEFICIENC	ION SHOULO BE HE APPROPRIAT	(X5) COMPLETION E DATE	
F 278	#11's MDS. OSM # coded "Yes" in sect attempted the intercoded "No respons stated she didn't kn OSM #5 stated she the dashes and did OSM #5 stated she for Medicare and M (Resident Assessm On 10/7/15 at 6:35 director of nursing v findings. The CMS RAI manumater "SECTION D: MOCINTENT: The items in distress, a serious of underdiagnosed and home and is associated it is particularly imposymptoms of mood residents because the can be treatable D0100: Should Resconducted? Coding Instructions Code 0, no: if the inconducted. This optimised and interpretation of the conducted and interpretations. Skip the Assessment of Resconding Instructions.	#5 stated she should have tion D0100 to indicate she view and she should have te" in section D0200. OSM #5 now why she coded dashes. It was a may have accidentally coded in't double check the coding. It double check the coding the above was a double check the coding th	F 2	78				

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conducted. This option should be selected for residents who are able to be understood, and for

Event IO: W82V11

Facility IO: VA0008

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CEIVIE	13 FUN MEDICANE	& MEDICAID SERVICES				<u> </u>	<i>).</i> 0938-0391
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/S IDENTIFICAT		1 ' '		CONSTRUCTION		TE SURVEY MPLETED
		495362	B. WING			10	C 0/08/2015
NAME OF F	PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		
A CUIL AND		JADU PATIAN		906	THOMPSON STREET		
ASHLAN	D NURSING AND REI	ABILITATION		ASI	HLAND, VA 23005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PRE FI. TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 278	Continued From pa	ge 55	F 2	278			
	whom an interprete	r is not needed or is present, 0200, Resident Mood Interview		., 0			
	Coding Instructions Presence Code 0, no: if residence Tode 0, no: if residence Code 1, yes: if residence Isted are present encount 2, Symptom Code 9, no respondence Tode 1, Symptom Toding Instructions Trequency Toding Instructio	nse: if the resident was unable aplete the assessment, sically and/or the facility was the assessment. Leave in Frequency, blank. for Column 2. Symptom It's responses as they are if whether the resident or the the symptom to something urther evaluation of the clinical ed symptoms should be consible clinician. It day: if the resident indicates never or has only experienced.					
	symptom for 2-6 da ·Code 2, 7-11 days the resident indicate experienced the syr ·Code 3, 12-14 days	she has experienced the ys. (half or more of the days): if es that he or she has experienced the days): if the hat he or she has experienced					

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the symptom for 12-14 days...

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<u> </u>	CO TOTALISTORIAL	L & MEDIONID SELVACES	-,		UIVI	<u>B NO. 093</u>	<u>8-</u> 0391	
	OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING		(X3) OATE SURVEY COMPLETEO		
		495362	B. WING)		C 10/08/2	015	
NAME OF F	PROVIOER OR SUPPLIER			STREET AOORESS, CITY, STATE, 2	ZIP COOE	1010012	<u>U 15</u>	
* ~ 11 * * 1			ļ	906 THOMPSON STREET				
ASHLAN	D NURSING AND REI	HABILITATION		ASHLAND, VA 23005				
240.10	SUMMADV ST	TELEFIE OF OFFICIENDIES					<u> </u>	
(X4) IO PREFIX TAG	(EACH OEFICIENCY	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFI TAG		TION SHOULO BI THE APPROPRIA		(X5) MPLETION DATE	
F 278	Continued From pa	age 56	F;	278				
	D0300: Total Sever		, -	276				
	Coding Instructions							
		uccessfully completed if the						
		the frequency responses of at						
	least 7 of the 9 item							
		ency is blank for 3 or more						
		v is deemed NOT complete.						
		e should be coded as '99' and						
		ent of Mood should be		e e				
	conducted.							
		re as a two-digit number. The						
	Total Severity Score	e will be between 00 and 27						
		requency is blank for 3 or						
	more items).	·						
		calculate the Total Severity						
		l instructions on manual						
		camples, see Appendix E:						
	PHQ-9© Total Seve	erity Score Scoring Rules"						
	No further informati	ion was presented prior to exit.					İ	
F 281		RVICES PROVIDED MEET		281				
	PROFÈSSIONAL S		•					
	The services provide	ded or arranged by the facility						
		ional standards of quality.						
		NT is not met as evidenced						
	by:							
		tion, staff interview, facility						
		nd clinical record review, it						
		at the facility staff failed to						
	•	standards of practice for four						
		ne survey sample, Residents						
	#12, #2, #27, and #	б.						
	1. The facility staff fa							
	recanitulation of mo	onthiv orders was completed						

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Facility IO: VA0008

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				MD 140. 0300-039 I	
STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULT A. BUILOIN	PLE CONSTRUCTION IG	(X3) OATE SURVEY COMPLETEO	
	495362	B. WING _		C 10/08/2015	
NAME OF PROVIDER OR SUPPL	IER		STREET ADDRESS, CITY, STATE, ZIP CODE		
ASHLAND NURSING AND	REHABILITATION		906 THOMPSON STREET ASHLAND, VA 23005		
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDEO BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPROFICIENCY)	O BE COMPLETION	

F 281 Continued From page 57 for Resident #12 for March 2015.

- 2. The facility staff failed to accurately transcribe orders for Seroquel (*an antipsychotic medication) in August 2015 and September 2015 during the recapitulation of monthly orders for Resident #2.
- 3. The facility staff failed to transcribe verbal orders and to record medication administration on the MAR (medication administration record) on 10/4/15 for Resident #27.
- 4. The facility staff signed off as having given treatment for a pressure ulcer for Resident #6 on 10/7/15. However, the treatment the nurse signed as given was not the treatment the nurse actually administered to Resident #6.

The findings include:

1. The facility staff falled to ensure the recapitulation of monthly orders was completed for Resident #12.

Resident #12 was admitted to the facility on 2/13/12 with diagnoses that included but were not limited to: depression, prostate cancer, atrial fibrillation, osteoarthritis, psychosis, dementia, post traumatic stress disorder, anemia, high blood pressure, dysphagia and chronic obstructive pulmonary disease.

The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 9/25/15, coded the resident as being severely impaired to

F 281

F 281 (E):

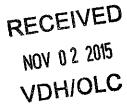
1. Resident #12 and #2, the physician was contacted and the Seroquel order for both residents was clarified and there were no adverse effects for either resident. LPN #16 is no longer employed. Resident #27, the physician was contacted and a physician's order was written. There was no adverse effect for Resident # 27. Resident #6, the physician and the responsible party were both notified. There was no adverse effect for Resident #6. Resident #6 no longer resides in the facility.

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Facility IO: VA0008

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OI	MB NO. 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I		ONSTRUCTION	<u></u>	(X3) DATE SURVEY COMPLETED
		495362	B. WING	;			C 10/08/2015
	(EACH DEFICIENCY	HABILITATION ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	906 TI ASHL	ET ADDRESS, CITY, STATE, ZIP HOMPSON STREET LAND, VA 23005 PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	CORRECTION ON SHOULD HE APPROPE	N (X5) BE COMPLETION
F 281	coded as requiring two staff members in living. The January 2015 F summary) documer (an antipsychotic memorning for dement This was scheduled "Quetiapine 25 mg mouth at bedtime for psychosis/delusions 9:00 p.m. "Quetiapine 25 mg mouth at bedtime for psychosis/delusions 9:00 p.m. "Quetiapine 25 mg mouth at bedtime for psychosis/delusions 9:00 p.m. "Quetiapine 25 mg mouth at bedtime for dementia with the second of th	e decisions. The resident was extensive assistance of one to for all of his activities of daily POS (physician order nted: "Quetiapine (Seroquel) nedication*) 25 MG 1 tablet by mouth every tia with psychosis/delusions." d for 9:00 a.m. tablet; 2 tablets (50 mg) by or dementia with s." This was scheduled for tablet; 1 by mouth daily at 2:00 with psychosis /delusions." d for 2:00 p.m. MAR (medication rd) documented the resident medications as ordered. Wed a total of 100 mg per day POS documented: tablet; 1 tablet by mouth every ith psychosis." This was p.m. This was signed by the lat it was reviewed for lated, 2/4/15, documented, oquel. Give 25 mg PO (by n., 25 mg PO @ 2 p.m. (hold if	F:	281	2. Residents curring the center has potential to be review for curring in the been completed DCS/Designee the most current Order Set and to orders to the MAdministration verify that these consistent and to physician's order transcribed appropriate the most current orders to the MAdministration verify that these consistent and to physician's order transcribed appropriate the most current orders to the MAdministration verify that these consistent and to physician's order transcribed appropriate the most current orders to the MAdministration verify that these consistent and the physician's order transcribed appropriate the most current orders to the MADMINISTRATION of the most current orders to the most current orders to the MADMINISTRATION of the most current orders to the most current orders t	rently reave the effected rent residence center had by the ecomparant Physical Record e are that lers have	I. A dents as ing cian's e on to

The February 2015 MAR documented,

"Quetiapine 25 mg tablet; 1 tab (tablet) by mouth

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
	***	495362	B. WING		C 10/08/2015
NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE	
ASHLAN	ID NURSING AND REI	HABILITATION		906 THOMPSON STREET ASHLAND, VA 23005	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		ULD BE COMPLETION
F 281	every day for deme scheduled for 2:00 MAR documented, (every) AM psychos 9:00 a.m. Seroquel sleep) psychosis." p.m. Again, after 2/receiving a total of The March 2015 PC "Quetiapine 25 mg every day for deme scheduled for 2:00 orders documented Seroquel. This POS as having had revieend of the month chaigned the POS on The March 2015 M/ "Quetiapine 25 mg every day for deme scheduled for 2:00 documented as admitted to the clinical record of the clinical reco	ntia with psychosis." This was p.m. Starting on 2/5/15, this "Seroquel 25 mg PO Q sis." This was scheduled for 50 mg PO Q HS (hours of This was scheduled for 9:00 4/15, the resident was 100 mg per day of Seroquel. OS documented: tablet; 1 tab (tablet) by mouth ntia with psychosis." This was p.m. There were no other on the POS for additional S was not signed by a nurse wed the medications at the nange over. The physician 3/4/15. AR documented: tablet; 1 tab (tablet) by mouth ntia with psychosis." This was p.m. No other Seroquel was	F 2	Coordinator/Design provided education Licensed Staff regard professional standard to writing and transcribing physician's orders, recapitulation of moders and end of moders and end of moders and end of moders of medication administration. A raweekly review will completed by the DCS/Designee for (residents (5) times professional standard to writing and transcribe physician's orders is accurate, physician's orders is	ee has to rding ds related cribing following onthly onth ee (6) chandom be 5) per week sure that onthly
	and October 2015 F	e, July August, September, POSs and MARs documented iving Quetiapine 25 mg tablet;		transcribed appropr including but not lii	iately

the resident as receiving Quetiapine 25 mg tablet; 1 tab (tablet) by mouth every day for dementia

with psychosis. This was scheduled for 2:00 p.m.

An interview was conducted with LPN (licensed practical nurse) #8 on 10/8/15 at 11:33 a.m. regarding the process for the recapitulation of orders at the end of the month change over. LPN physician's orders for

antipsychotic medications.

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CENTERSEC	OR MEDICARE	& MEDICAID SERVICES			OMB NO	D. 0938-0391
STATEMENT OF DE AND PLAN OF COR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TPLE CONSTRUCTION	(X3) DA	TE SURVEY
		495362	B. WING _		1(C 0/08/2015
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005			
	EACH DEFICIENC'	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION OATE
F 281 Cont	inued From pa	age 60	F 2	81		

#8 stated, "The unit managers or selected nurses do the changeover. They compare the last months POS and any telephone orders that have come in during the month and update the POS, MARs and TARs (treatment administration records) as needed. The night shift does a second check when they change out the MARs on the last day of the month/first day of the month." The POS for February and March 2015 were reviewed with LPN #8. When asked what the blank under the box, "MEDS REVIEWED BY" was indicative of, LPN #8 stated, "Someone forgot to sign or it wasn't reviewed."

An interview was conducted with the director of nursing (DON), ASM (administrative staff member) #2 on 10/8/15 at 1:41 p.m., regarding the monthly recapitulation of the orders at the end of the month. The DON stated, "Normally the unit managers do the monthly change over checks but we may call in extra staff to help out with that. If someone else did the checks the unit managers still have to review them too." When asked if the nurse doing the medication review should sign that they have completed the review, the DON stated, "Yes, there is a box at the bottom for the signature of the reviewing nurse." Resident #12's POS for February and March 2015 were reviewed with the DON. The error made in the reduction of the resident's Seroquel was shared. The DON had no comment.

The administrator and director of nursing were made aware of the above findings on 10/8/15 at 2:01 p.m. A request was made for the policy on the recapitulation of the monthly orders.

No further information was provided prior to exit. *Quetiapine tablets and extended-release

Random weekly observations will be completed by the DCS/Designee (5) times per week for (3) months to observe Licensed Staff during medication administration and treatment administration to ensure that medications and treatments are administered per physician's order and documented on the medication administration record appropriately.

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Event ID; W82V11

Facility IO: VA0008

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		& MEDICAID SERVICES	,			OMB NO. 0938-0391
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VIA 5 0 5		495362	8. WING			C 10/08/2015
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F 281	symptoms of schize causes disturbed or interest in life, and semotions). Quetiap extended-release tawith other medication (frenzied, abnormal depression in patient (manic depressive causes episodes of mania, and other all	s are used to treat the ophrenia (a mental illness that in unusual thinking, loss of strong or inappropriate ine tablets and ablets are also used alone or ons to treat episodes of manially excited or irritated mood) or ints with bipolar disorder disorder; a disease that depression, episodes of onormal moods).	F2	281 4.	The results of the ran weekly reviews as we random weekly obser will be discussed by the DCS/Designee at the Assurance Performan Improvement Meetin monthly for (3) mont Revisions to the plan recommended by the	ell as the vations the Quality ace g hs.

2. The facility staff failed to accurately transcribe orders for Seroquel (*an antipsychotic medication) in August 2015 and September 2015 for Resident #2.

Resident #2 was admitted to the facility on 5/24/12 with diagnoses including, but not limited to: Alzheimer's disease, coronary artery disease, history of a stroke and psychosis. On the most recent MDS (minimum data set), a quarterly assessment with assessment reference date 7/17/15, Resident #2 was coded as having severe cognitive impairment for making daily decisions. He was coded as having received an antipsychotic medication on all seven days of the look back period.

A review of the clinical record for Resident #2 revealed the following order for Seroquel on the July 2015 physician order sheet (POS), signed by the provider on 7/8/15: "Quetiapine fumarate (generic name for Seroquel) 25 mg (milligram) tablet 1 tab (tablet) by mouth twice daily for dementia with psychosis. 9 a.m. and 2 p.m.

- recommended by the committee as indicated necessary to sustain substantial compliance.
- 5. 11/10/15

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F 281	mg) at bedtime for p.m." Further revieverbal order dated a 7/9/15: "Seroquel 1 (twice a day) for psydose." A review of administration recorded and at 2:05 by the provided and at 2:00 p.m. as of the August 2015 8/1/15 through 8/16 receive any of the treview of the August 2015 Review of the August 2015 Re	ge 62 te 25 mg tablet 1/2 tab (12.5 dementia with psychosis. 9 w revealed an additional and signed by the provider on 2.5 mg po (by mouth) BID ychosis. Give with 25 mg the MAR (medication rd) for Resident #2 for July the Seroquel was given as 6 for August 2015, signed on er, revealed the following "Quetiapine fumarate 25 mg mg) at bedtime for dementia .m." Further review revealed ers for Seroquel at 9:00 a.m. ordered in July 2015. Review MAR revealed that from /15, Resident #2 did not wice-a-day Seroquel. Further erevealed a verbal order by the provider on 8/17/15; mg po 9 a.m. and 1 p.m." st 2015 revealed that Resident #2 received twice a day as re-ordered. e orders revealed a verbal gned by the provider on 25 mg po qhs (every evening w of the August 2015 MAR was administered as ordered. 6 for September 2015, signed 1/2/15, revealed the following "Seroquel 25 mg po qhs edtime)." Again, the POS for intained no evidence of orders	F 2	81				

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for Seroquel at 9:00 a.m. and 1:00 p.m. as

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NAME OF I	PROVIDER DR SUPPLIER		<u> </u>	Т	STREET ADDRESS, CITY, STATE, ZIP CODE	1 10/00/2013
A C) !! A \	5 MISSON AND 55	BA MEZ IMPANIANA			906 THOMPSON STREET	
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F 281	Continued From pa	ge 63	F:	28 [,]	1	
	ordered in August 2 September 2015 re	015. Review of the MAR for vealed that Resident #2 uel as ordered every evening	r ,	4 0	1	
	nurse) #11, the unit regarding these find at "changeover," the orders to the next, who receiving the conservation of the conservation of the conservation of the physical states and the control of the c	p.m., LPN (licensed practical manager, was interviewed lings. She stated that an error e changing from one month's was the cause of Resident #2 rrect dosages of twice daily in September. She stated evidence of the Seroquel dover correctly from month to cian order sheets. She also not see evidence of the ing carried over correctly from the MARs. When asked who as at monthly changeover, she he does or the assistant ADON). She stated that the he POSs for August and dicating that she had geover for those months, she does to ensure accuracy stated that she looks at three PSs and verbal orders, as well rith of MARs to make sure she listed accurately on the new				
	#5, the ADON, was	o.m., RN (registered nurse) interviewed regarding these d that she "must have just				

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missed it." She stated that at changeover, she normally uses the chart, the new verbal orders since the last POS and the POS for the current month. She compares those by going backwards through all the verbal orders from the previous

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		495362	B. WING	i		C 10/08/2015
NAME OF P	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10/00/2010
A CHI A MI	NUDCING AND DE	HABILITATION	j	9	06 THOMPSON STREET	
ASHLANI	O NURSING AND REI	TABILITATION		A	SHLAND, VA 23005	
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	previous month to r She agreed that the September 2015 fo with regard to the to agreed that Reside Seroquel as ordere months. On 10/8/15 at 2:50 staff member) #1 an nursing, were inforr Policies regarding fi were requested. A review of the com Resident #2 dated a revealed, in part, th ordered by the phys No further informati *Quetiapine tablets (long-acting) tablets symptoms of schize causes disturbed or interest in life, and s emotions). Quetiapi extended-release ta with other medicatio (frenzied, abnormal depression in patier (manic depressive of causes episodes of mania, and other ab	sing the POS from the reconcile all medication orders. POS for August 2015 and resident #2 were not correct wice daily Seroquel. She also not #2 had not received do by the physician in those p.m., ASM (administrative and ASM #2, the director of aned of these concerns. Collowing order transcription apprehensive care plan for 4/1/14 and updated 4/27/15 e following: "Medications as sician." In on was provided prior to exit. and extended-release are used to treat the ophrenia (a mental illness that runusual thinking, loss of strong or inappropriate and the tablets and ablets are also used alone or ons to treat episodes of manially excited or irritated mood) or ats with bipolar disorder disorder; a disease that depression, episodes of	F2	281		

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^Elderly patients with dementia-related psychosis

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		495362	B. WING	i		1	C 10/08/2015
	PROVIDER OR SUPPLIER ND NURSING AND REI			906	REET ADDRESS, CITY, STATE, ZIP CODI THOMPSON STREET HLAND, VA 23005		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 281	treated with antipsy increased risk of de Administration web http://www.drugs.co. In Potter-Perry, Fur edition, page 841, a "When medications compares the medicomputer orders with orders." On page 8 administration of or accuracy and comp	ychotic drugs are at an eath. From the Federal Drug osite om/pro/seroquel.html. Indamentals of Nursing, 6th a noted standard of practice is: is are first ordered, the nurse lication recording form or ith the prescriber's written	F 2	281			
	orders and to recont the MAR (medication 10/4/15 for Resident 10/4/15 for Resident Resident #27 was a 6/9/15 and readmitt including, but not limpressure ulcers, conthe most recent MD quarterly assessmedate 9/16/15, he was cognitively impaired He was coded as he injections for all severiod.	admitted to the facility on ted on 9/19/15 with diagnoses mited to: quadriplegia, ontractures and diabetes. On OS (minimum data set), a cent with assessment reference as coded as being moderately d for making daily decisions. Laving received insulin even days of the look back					
		ers for Resident #27 revealed,					

times daily. Call MD if <60 or >400 (less than 60

or greater than 400). Novolog flex pen

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CENTERS FOR M	<u>EDICARE</u>	& MEDICAID SERVICES				<u>OM</u>	IB NO. 0938-0391
STATEMENT OF DEFICIEN AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ONSTRUCTION	C	X3) DATE SURVEY COMPLETED
		495362	B. WING				C 10/08/2015
NAME OF PROVIDER OF	SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		10/00/2015
A CALL AND AUTODIC		ttami irrariaal		9067	THOMPSON STREET		
ASHLAND NURSING	AND RE	HABILHAHON		ASH	LAND, VA 23005		
PREFIX (EACH	DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD B	
subcutante day before 200." This the nurse provider's any other administrate Further reany insuling on 10/4/18 A review of revealed as (situation/notify) cor (licensed Review of revealed, was 585 as before din give 2u (to Checked practitione recheck 1 blood sug (blood glupractitione The narra	ting insuliting insulitions insulitions or series for the clinical of the clinical of the narration part,	age 66 in) inject 4 units inder the skin) three times a hold for blood sugar less than itten and signed on 8/27/15 by her. Further review of the or Resident #27 failed to reveal ir short-acting insulin Resident #27 on 10/4/15. Ind to reveal administration of an the above-referenced order ical record for Resident #27 Ind/appearance/review and ion form completed by LPN nurse) #16 on 10/4/15. Indive portion of the form the following: "BS (blood sugar) in p.m.). Gave the 4 units [name of nurse practitioner] more. Check in an hour. in give 12 units more, in (9:00 p.m.) BS 310. Checked in the state of the form in the following in in the follow	F2	81			

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units before dinner on 10/4/15.

at 4:00 p.m., 12 units at 5:30 p.m., and 15 units at 11:00 p.m. on 10/4/15. Further review of the MAR (medication administration record) failed to reveal administration of any insulin other than the four

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ACHLAN	D NURSING AND RE	LIABII ITATIONI		906 THOMPSON STREET		
ASILAN	D NURSING AND RE	TABIL! IATION		ASHLAND, VA 23005		
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F 281	Continued From pa	ge 67	F 28	31		
	Resident #27 dated following: "Monitor hypo or hyperglyce including changes i consciousness), ste .Blood glucose level On 10/8/15 at 9:05	eepiness, fatigue/weakness				
	above-referenced runits of insulin to R Resident #27 had r feedings and that h running high that da not document the o fill out a verbal orde To be honest, I was his high blood suga a priority. I know I s When asked which administered at 4:0	note and administration of 15 esident #27. She stated that ecently been started on tube is blood sugars "had been ay." She stated: "I know I did orders or the insulin. I did not er paper or put it on the MAR. It is so concerned with treating ar, writing things down was not should have. But I didn't."				
	staff member) #4, t interviewed regardi stated that she was blood sugars had b to the initiation of tu remembered being night of 10/4/15, an	a.m., ASM (administrative he nurse practitioner, was no the above concerns. She aware that Resident #27's een elevated on 10/4/15 due ube feedings. She stated she called by LPN #16 on the d that she remembered giving extra short-acting insulin. She				i

stated: "When I give extra short-acting insulin, my order is always to check it again in an hour and to call me if it is above 350."

On 10/8/15 at 10:00 a.m., ASM (administrative

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	T OF DEFICIENCIES OF CORRECTION	(X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE	
		495362	B. WING			10/0	8/2015
NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
ASHLAN	ND NURSING AND RE	HABILITATION			THOMPSON STREET HLAND, VA 23005		
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F 281	staff member) #1, tunit manager, and were interviewed re #1 stated: "We are not recorded and the MAR for them. This time from this nurse asked if the orders and the insulin adm MAR, ASM #1 state have been docume. On 10/8/15 at 2:50 #4 was interviewed orders. She stated verbal order from a onto a verbal order pharmacy and puts it can be signed off order. On 10/8/15 at 3:00 interviewed regarding and exinsulin. She stated blood sugar in 30 m levels are acceptable minutes, the insulin She stated that she level and puts it on subsequent shift numbappened. On 10/8/15 at 2:50	he administrator, LPN #8, the ASM #3, the corporate nurse, egarding these concerns. ASM aware that these orders are not there is nothing on the seriodent required a lot of e. It was an oversight." When should have been recorded ninistration documented on the ed, "Yes, it absolutely should nted." p.m., RN (registered nurse) regarding transcribing verbal that when she receives a provider, she transcribes it sheet, faxes it to the the order on the MAR so that by whomever follows the	F 2	81			

concerns. Policies regarding verbal order

A review of the facility policy entitled "Medications,

transcription were requested.

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					O. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		CONSTRUCTION		ATE SURVEY OMPLETED
		495362	B. WING			1	C 0/0 8/2 015
	PROVIDER OR SUPPLIER ID NURSING AND REI	HABILITATION		906	REET ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET HLAND, VA 23005		
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F 281	Physician Order For following: "A clinical telephone order from with state statutes), immediately on the Sheet by the nurse will be signed with the counter-signed by the writing the order specify the date the dose, frequency and Clinical Nurse transphysician's Medical No further information According to Funda Lippincott, Williams "After you receive a transcribe it onto a by your health care carefully, concentrate check it when you're order duplications the carefully of the counter of the communication and the counter of the c	r" revealed, in part, the all nurse may take a verbal or m a physician (in accordance The order must be written Physician/Telephone Order taking the order. The order he physician's name and he RN or LPN accepting and The Physician's Order must corder was obtained, drug, droute of administration. The scribes and processes the tion Orders." on was provided prior to exit. Immentals of Nursing, and Wilkins 2007 page 169, written medication order, working document approved facilityread the order ste on copying it correctly, effinished. Be sure to look for that could cause your patient to in in error" Immentals of Nursing, Lippincott is Philadelphia 2007 page 53. Intation shows the care that you sets the patient's needs and It proves you are following the story and your health care ige 93, "The medical record is		281			

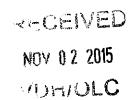
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Everyone's notes and documentation is important because together they represent a complete

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F 281	Continued From pa	nt's care."	F 2	:81		•	
	http://dailymed.nlm.	vas obtained from the website: .nih.gov/dailymed/drugInfo.cfm 3009-40D0-876C-B4CB2BE56					
	treatment for a pres 10/7/15. However,	signed off as having given sure ulcer for Resident #6 on the treatment the nurse s not the treatment the nurse ed to Resident #6.					
	11/21/14 and most 12/10/14 with diagn to: arthritis, heart d depressive disorder failure. On the mos set), a significant ch	Imitted to the facility on recently readmitted on oses including, but not limited isease, chronic pain, major r, diabetes and systolic heart of recent MDS (minimum data hange assessment dated					
	cognitive impairmer She was coded as I ulcer**. She was co extensive assistance	6 was coded as having no not for making daily decisions. naving a stage three pressure oded as requiring the e of staff for bed mobility, personal hygiene and bathing.					
	care was observed, (licensed practical r care. Prior to going prepared the treatm #6's pressure ulcer. (milliliters) of Silvad- cup. Once she had and cleansed Resid	a.m., Resident #6's wound with her permission. LPN nurse) #7 provided the wound into the room, LPN #7 lent to be applied to Resident She squeezed three mls ene^ ointment into a medicine removed the old dressing lent #6's stage three pressure piddle sacrum, she applied the					

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Silvadene cream to the wound using a sterile cotton applicator. The wound measured 1.3 cms

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO. 0938-	0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVE COMPLETED	Υ
		495362	B. WING			С	
\\ 4\\E 0E 4		493302	D. WING		**************************************	10/08/201	5
	PROVIDER OR SUPPLIER D NURSING AND RE	HABILITATION		906	REET ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET HLAND, VA 23005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE COMPLI	ETION
F 281	unchanged in meas completed the would dressing.	2 cms by 0.7 cms. It was surements since 10/5/15. She nd care by applying a sterile	F2	<u>?</u> 81			
	revealed the followi LPN #7 and signed "D/C Silvadene to lo Cleanse wound to lo wound cleanser. A	sician's orders for Resident #6 ng order, written on 8/10/15 by by the provider on 9/11/15: ower medical sacrum. ower medial sacrum with pply Calcium Alginate AG^^, QD (every day) and prn (as					
; () () () () () () () () () () () () ()	(TAR) for Resident the following entry: medial sacrum with Calcium Alginate AC (every day) and pro-	tment administration record #6 for October 2015 revealed "Cleanse wound to lower wound cleanser. Apply G^^, cover, and secure QD (as needed)." In the square /15, LPN #7 had placed her					
	Resident #6 dated 4	prehensive care plan for 4/1/14 and updated 7/10/15 e following: "Skin/Wound. ions as ordered."					
	she remembered will earlier in the day to stated: "I put Silvad she knew what treat most recent signed stated: "Silvadene. my paper." When a	o.m., LPN #7 was asked if hat treatment she had applied Resident #6's wound. She lene on it." When asked if tment was indicated on the provider's order and TAR, she That's what I have written on sked if she knew what signed for Resident #6, she					

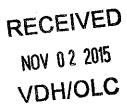
FORM CMS-2567(02-99) Previous Versions Obsolete

stated: "Silvadene." LPN #7 accompanied the surveyor to look at the current order and TAR for

Eveni ID: W82Vtt

Facility ID: VA0008

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				FORM APPROVED 0MB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495362	B. WING			C 10/08/2015
	PROVIDER OR SUPPLIER	JADU ITATION	<u> </u>	l	REET ADDRESS, CITY, STATE, ZIP CODE 6 THOMPSON STREET	1 10/00/2010
ASILAN	D NURSING AND REI	TABILITATION		A:	SHLAND, VA 23005	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 281	stated: "Oh no. It is know it's supposed doctor's] most recessilvadene. I just new write a new order for On 10/8/15 at 9:40 surveyor and showed the wound doctor expressure ulcer daily verifies what treatm stated: "I usually go paper. I get that frounderstand he want should have been grather than his note TAR closely to see to the director of nursiconcerns. Policies administration documents of the facil Orders" contained refindings. No further information the NPUAP define the worders of the facil of the NPUAP define the worders of the second of the NPUAP define the worders of the second of the NPUAP define the worders of the NPUAP define the worders of the NPUAP define the worders of the NPUAP define the worder of the NPUAP defined the NP	sure ulcer treatment. LPN #7 says Calcium Alginate. But I to be Silvadene. [The wound nt progress note says sed to change the TAR and	F	281	DEFICIENCY)	
	tissue usually over a result of pressure, o with shear and/or fri	a bony prominence, as a property or pressure in combination iction." Pressure Ulcer NPUAP. Copyright 2007.				

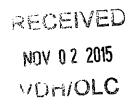
FORM CMS-2567(02-99) Previous Versions Obsolete

National Pressure Ulcer Advisory Panel. 8/3/2009 http://www.npuap.org.pr2.htm.

Eveni ID: W82V11

Facility ID: VA0008

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ı		& MEDICAID SERVICES	·		OMB NO. 0938-0391
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		495362	B. WING		С
NAME OF	PROVIDER OR SUPPLIER		10, ,,,,,	STREET ADDRESS, CITY, STATE, ZIP CODE	10/08/2015
A CLUI AI	TO TOTAL AND DE	1 1 4 mm 1 2 Mar a Mars and 2 1	1	906 THOMPSON STREET	
ASMLAR	ND NURSING AND REI	HABILITATION		ASHLAND, VA 23005	
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F 281	Continued From pa	ige 73	F	281	
	tendon or muscle a be present but does tissue loss. May inc tunneling. http://www.npuap.or.clinical-resources/ntegories/ ^Silver sulfadiazine used to prevent and and third-degree bubacteria. https://www.nlm.nih.ds/a682598.html. ^^Calcium alginate of the treatment of prehttp://www.ncbi.nlm According to Funda Williams and Wilkin	ckness tissue loss. may be visible but bone, are not exposed. Slough may is not obscure the depth of clude undermining and org/resources/educational-and-apuap-pressure-ulcer-stagesca is (Silvadene), a sulfa drug, is different infections of secondurns. It kills a wide variety of an accommodation of the second organization			

Everyone's notes and documentation is important because together they represent a complete picture of the patient's care."

(nurses) provide meets the patient's needs and expressed wishes. It proves you are following the accepted standards of nursing care mandated by the law, your profession, and your health care facility..." and on page 93, "The medical record is

communication among nurses, doctors, physical therapists, social workers, and caregivers.

F 309 483.25 PROVIDE CARE/SERVICES FOR

the main source of information and

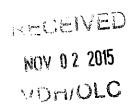
F 309

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: W82V11

Facility ID: VA0008

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PRINTED: 10/20/2015

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
	OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:			TIPLE CONSTRUCTION (X3) OATE SURVEY COMPLETEO
		495362	B. WING	:	C
NAME OF E	PROVIDER OR SUPPLIER	493302	J. WING		10/08/2015
	THE TOTAL OF THE PERSON OF THE			ı	STREET AOORESS, CITY, STATE, ZIP COOE 906 THOMPSON STREET
ASHLAN	D NURSING AND RE	HABILITATION		ŧ	ASHLAND, VA 23005
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F 309	Continued From pa	age 74	F3	309	09 1 D-::1
SS≍E	HIGHEST WELL B	EING			1. Resident #12, the physician was
					contacted and the Seroquel order
		t receive and the facility must ary care and services to attain			was clarified. There was no
		nest practicable physical,			adverse effect for resident #12.
		social well-being, in			Resident #27 continues to have
	accordance with the and plan of care.	e comprehensive assessment			blood glucose monitoring
	and plan of care.				conducted. Resident #27 is
					assessed after insulin
	This DECLUDEMEN	NT is not met as evidenced			administration as well. There was
	by:	is not met as evidenced			_
	Based on staff inte	rview, facility document review			no adverse effect to Resident #
		review, it was determined that ed to provide care to promote a			27.
ļ ļ	resident's highest le	evel of well-being for four of 37			Resident #5 has had a pain
	residents in the sur	vey sample, Residents #27,			assessment completed including
	#12, #5, and #15.				measurable criteria/pain scale,
	1. The facility staff	failed to assess and monitor			quality descriptors of pain. Non-
	Resident #27 after	administering insulin (*to treat			pharmacological interventions are
	diabetes) on 10/4/1	5.			attempted prior to administration
	2. The facility staff t	failed to ensure a gradual dose			of pain meds for Resident #5.
	reduction of an anti	psychotic medication			
		dent #12. Resident #12's			Resident #5 also has pain re-
	Seroquel dosage w	as decreased from 100 mg			assessed after administration of

(milligrams) to 25 mg, (a dose reduction of 75%),

during the month of March 2015 when staff failed

descriptors of pain, and any non-pharmacological

administration of pain medication on 2 occasions

to ensure a recapitulation of Resident #12's

3. For Resident #5, the facility staff failed to document a complete pain assessment, including

measurable criteria (a pain scale), quality

interventions attempted, prior to the

monthly orders was completed.

pain medications.

Resident #15's Optometrist

Consult was rescheduled.

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CENTE	NO FOR MEDICARE	A MICDIOAID SERVICES		U	<u>MB NO. 0938-0391</u>
	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		495362	B. WING		C 10/0 8/2 015
	PROVIDER OR SUPPLIER	HABILITATION	1	STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETION
F 309	in July 2015; and facriteria of a pain readministration of pasame 2 occasions 4. Resident #15 was 6/29/15 and nursing	ailed to document measurable assessment after the ain medication on each of the	F 309	2. Residents residing in the have the potential to be A review will be condu DCS/Designee for the f A) Residents currently the center with orders for administration will have	affected. cted by the following: residing in or insulin

The findings include:

1. The facility staff failed to assess and monitor Resident #27 after administering insulin (*to treat diabetes) on 10/4/15.

Resident #27 was admitted to the facility on 6/9/15 and readmitted on 9/19/15 with diagnoses including, but not limited to: quadriplegia, pressure ulcers, contractures and diabetes. On the most recent MDS (minimum data set), a quarterly assessment with assessment reference date 9/16/15, he was coded as being moderately cognitively impaired for making daily decisions. He was coded as having received insulin injections for all seven days of the look back period.

A review of the orders for Resident #27 revealed, in part, the following: "Check blood sugar four times daily. Call MD if <60 or >400 (less than 60 or greater than 400). Novolog flex pen (*short-acting insulin) inject 4 units subcutaneously (under the skin) three times a day before meals - hold for blood sugar less than 200." This was written and signed on 8/27/15 by the nurse practitioner. Further review of the provider's orders for Resident #27 failed to reveal any other orders for short-acting insulin

2. Residents residing in the center have the potential to be affected. A review will be conducted by the DCS/Designee for the following:

A) Residents currently residing in the center with orders for insulin administration will have their physician's orders, medication administration record, and nurse's notes reviewed for the past 30 days to verify whether or not they were assessed after insulin administration. B) Residents currently residing in the center with physician's orders for antipsychotic medications will be reviewed for necessity of a gradual dose reduction. C)
Residents currently residing in the center will have pain assessments completed and documented

including measurable criteria/pain

scale and quality descriptors of

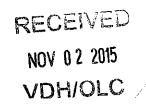
FORM CMS-2567(02-99) Previous Versions Obsolete

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Facility ID: VA0DD8

pain.

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STATEMENT OF CERCIENCIES AND PLAN OF CORRECTION (X1) PROVICER/SUPPLIER/CLIA IOENTIFICATION NUMBER: 495362 (X2) MULTIPLE CONSTRUCTION (X3) OATE SURVICES A. BUILDING C 10/08/201			AND HUMAN SERVICES				FOR'	M APPROVED
ANO PLAN OF CORRECTION IOENTIFICATION NUMBER: A. BUILOING COMPLETED 495362 B. WING 10/08/201 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							OMB NO	D. 0938-0391
495362 B. WING				ł .				MPLETEO
NAME OF PROVIDER OR SUPPLIER STREET AOORESS, CITY, STATE, ZIP CODE			495362	B. WING	}		1	
	NAME OF	PROVIOER OR SUPPLIER			ST	FREET AOORESS, CITY, STATE, ZIP COOE		
ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005	ASHLAN	D NURSING AND REI	HABILITATION		1			
	PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEOEO BY FULL	PREF		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCEO TO THE APPR	JLO BE	IX5) COMPLETION DATE
F 309 Continued From page 76 administration for Resident #27. (See F 281) A review of the clinical record for Resident #27 revealed an SBAR (situation/background/appearance/review and notify) communication form completed by LPN (licensed practical nurse) #16 on 10/4/15. Review of the narrative portion of the form revealed, in part, the following: "Checked [Resident #27's] blood sugar again at 11 p (11:00 p.m.). 555 (blood glucose = 555). Called [name of nurse practitioner on call]. Advised to give 15 units." The narrative portion of the SBAR ended there. Further review of the clinical record revealed no further assessment or monitoring of Resident #27's blood glucose levels following the administration of the 15 units of insulin until the 7:30 a.m. scheduled blood sugar check on 10/5/15. A review of the comprehensive care plan for Resident #27 dated 6/19/15 revealed, in part, the following: "Monitor for S/S (signs/symptoms) of hypo or hyperglycemia (low or high blood sugar) including changes in LOC (level of consciousness), sleepiness, fatigue/weakness Blood glucose levels as ordered." On 10/8/15 at 9:05 a.m., LPN #16 was interviewed regarding the above-referenced note and administration of 15 units of insulin to Resident #27. She stated that Resident #27 had recently been started on tube feedings and that his blood sugars' had been running high that	F 309	A review of the clini revealed an SBAR (situation/backgrou notify) communicati (licensed practical revealed, in part, the [Resident #27's] blood of nurse practitione units." The narrative there. Further review of the further assessment #27's blood glucose administration of the 7:30 a.m. scheduled 10/5/15. A review of the community and the community a	Resident #27. (See F 281) ical record for Resident #27 ind/appearance/review and ion form completed by LPN nurse) #16 on 10/4/15. Active portion of the form in e following: "Checked iood sugar again at 11 p (11:00 plucose = 555). Called [name in on call]. Advised to give 15 ive portion of the SBAR ended in eclinical record revealed not in eclipsed following the elevels following the for S/S (signs/symptoms) of mia (low or high blood sugar) in LOC (level of elepiness, fatigue/weakness. Is as ordered." a.m., LPN #16 was ing the above-referenced note of 15 units of insulin to stated that Resident #27 had ad on tube feedings and that	F	3309	records and medication administration records with conducted to determine we or not non-pharmacologic interventions were utilized to administration of pain medications as well as who to pain status was re-asses after administration of pain medications. D) For residicutrently residing in the comphysician's orders and prenotes for the last 30 days been reviewed to identify residents with orders/consincluding optometrist conto ensure that the physician order for the consult has	Il be whether cal d prior nether o essed in ents enter, ogress have sults sults	r

FORM CMS-2567(02-99) Previous Versions Obsolete

11:00 (p.m.) it was high. I called [name of nurse practitioner] and she told me to give him another

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Facility IO: VA0008

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
	495362	B. WING		C 10/08/2015
NAME OF PROVIDER OR SUPPLIER		- S	STREET ADDRESS, CITY, STATE, ZIP CO	DDE
ASHLAND NURSING AND RE	EHABILITATION	Į.	006 THOMPSON STREET ASHLAND, VA 23005	
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E 300 Continued From n	77	=	3. The Staff Develop	ment

F 309 Continued From page 77

15 units of insulin, which I did. Then a new nurse came on. I told her to recheck the blood sugar in another hour. I don't know what happened after that." [NOTE: Attempts to interview the oncoming nurse during the survey were unsuccessful.] When asked which type of insulin she administered at 11:00 p.m. on 10/4/15, LPN #16 stated: "Short acting." When asked if she could locate any evidence that Resident #27's blood sugar had been monitored after 11:00 p.m. on 10/4/15, LPN #16 stated: "No."

On 10/8/15 at 9:35 a.m., ASM (administrative staff member) #4, the nurse practitioner, was interviewed regarding the above concerns. She stated that she was aware that Resident #27's blood sugars had been elevated on 10/4/15 due to the initiation of tube feedings. She stated she remembered being called by LPN #16 on the night of 10/4/15, and that she remembered giving several orders for extra short-acting insulin. She stated: "When I give extra short-acting insulin, my order is always to check it again in an hour and to call me if it is above 350." She stated that she did not remember getting a call after 11:00 p.m. on 10/4/15.

On 10/8/15 at 10:00 a.m., ASM (administrative staff member) #1, the administrator, LPN #8, the unit manager, and ASM #3, the corporate nurse, were interviewed regarding evidence of assessment and monitoring of Resident #27 after 11:00 p.m. on 10/4/15. ASM #1 stated: "We don't see any evidence in the chart. Will you allow us to look for the 24 hour reports?" When LPN #8 returned with the 24 hour reports for 10/4/15 and 10/5/15, he stated: "No. There is nothing here to indicate that the resident was assessed."

F 309

Coordinator/Designee has educated Licensed Nursing Staff regarding A) assessing residents after insulin administration B) completing gradual dose reductions for residents receiving antipsychotic medications C) completion of pain assessments including measurable criteria/pain scale utilization, quality descriptors, documentation of non-pharmacological interventions prior to administration of pain medications, re-assessment of pain status after administration of pain medication and D) following physicians orders for consults. A random weekly review will be conducted by the DCS/Designee for (5) residents per week to ensure that A) residents are assessed after insulin administration, B) residents with physician's orders for antipsychotic medications have

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
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	PROVIDER OR SUPPLIER	HABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005	10/00/2010
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F 309	administering an exinsulin. She stated then rechecks the bashe follows whateveregarding re-checking different than her use. On 10/8/15 at 3:00 interviewed regarding administering an exinsulin. She stated blood sugar in 30 malevels are acceptable minutes, the insuling She stated that she level and puts it on subsequent shift number happened. On 10/8/15 at 2:50 staff member) #1, to the director of nursiconcerns. Policies monitoring of resider requested.	p.m., LPN #10 was ng assessment after ktra dose of short-acting that she waits 15 minutes, blood sugar. She stated that er order the provider gives ing the blood sugar if it is sual 15 minute practice.	F3	completed, C) pain asse are completed included measurable criteria/pain quality descriptors, utili documentation of non-pharmacological interve prior to administration of medications, and re-asse and documentation of pafter pain medication administration, and D) rewith physician's orders consults have the concarried out. 4. Results of the random reviews will be discuss DCS/Designee at the Assurance Performan Improvement Commitmonthly for (3) month committee will recommittee will recommittee.	including iscale, zation and entions of pain essment ain status residents for sultation i weekly ssed by the Quality ce ttee Meeting ins. The imend
\$	these findings.	saids nothing partitions to		revisions to the plan a	

No further information was provided prior to exit.

*From the National Institutes of Health website

Potter and Perry's Fundamentals of Nursing, 7th

http://www.nlm.nih.gov/medlineplus/.

compliance. 5. 11/10/2015

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					0. 0938-0391
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F 309	edition, documents page 245: "Nursing collection and verific of al data to establis perceived needs, hit to those health probaccording to the Anthey describe, Insulmost dangerous metechnician/nurse will require sliding scale sugar levels. If too ra resident's blood senough insulin is accan remain too high. 2. The facility staff freduction of an anti (Seroquel) for Resident (Seroquel) fo	the following information on g assessment involves the ication of data and the analysis sh a database about a client's ealth problems and responses blems." merican Diabetes Association, lin as "potentially one of the edications that a medication ill administer. Residents e insulin to help control blood much insulin is administered, sugar can fall too low. If not dministered, the blood sugar n." failed to ensure a gradual dose psychotic medication dent #12. Resident #12's ras decreased from 100 mg ang, (a dose reduction of 75%), if March 2015 when staff failed ulation of Resident #12's completed. admitted to the facility on oneses that included but were not on, prostate cancer, atrial hritis, psychosis, dementia, as disorder, anemia, high sphagia and chronic	F	309			

requiring extensive assistance of one to two staff members for all of his activities of daily living.

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		E & MEDICAID SERVICES				<u>0. 0938-0391</u>
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NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COD	<u> 10</u>	0/08/2015
				906 THOMPSON STREET	<u> </u>	
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F 309	Continued From pa	age 80	F 30	09		
	summary) documer (an antipsychotic m (milligrams) tablet; morning for dement This was scheduled "Quetiapine 25 mg mouth at bedtime for psychosis/delusions 9:00 p.m. "Quetiapine 25 mg p.m. for dementia w This was scheduled The January 2015 Madministration recoireceived the above Resident #12 received Seroquel.	tablet; 2 tablets (50 mg) by for dementia with ins." This was scheduled for tablet; 1 by mouth daily at 2:00 with psychosis /delusions." In the for 2:00 p.m. MAR (medication pord) documented the resident in medications as ordered, ived a total of 100 mg per day in tablet; 1 tablet by mouth every				

"Quetiapine 25 mg tablet; 1 tablet by mouth every day for dementia with psychosis." This was scheduled for 2:00 p.m. This was signed by the nurse on 1/28/15 that it was reviewed for accuracy.

A telephone order dated, 2/4/15, documented, "Clarification of Seroquel. Give 25 mg PO (by mouth) @ (at) 9 a.m., 25 mg PO @ 2 p.m. (hold if sedated) at 9 PM 50 mg PO."

The February 2015 MAR documented, "Quetiapine 25 mg tablet; 1 tab (tablet) by mouth every day for dementia with psychosis." This was scheduled for 2:00 p.m. Starting on 2/5/15, this MAR documented, "Seroquel 25 mg PO Q (every) AM psychosis." This was scheduled for

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F 309	sleep) psychosis." p.m. Again, after 2/2 receiving a total of a receiving the POS on 3/4/15. The March 2015 Ma a received	50 mg PO Q HS (hours of This was scheduled for 9:00 4/15, the resident was 100 mg per day of Seroquel. OS documented: tablet; 1 tab (tablet) by mouth ntia with psychosis." This was p.m. There were no other on the POS for additional S was not signed by a nurse d the medications at the end e over. The physician signed AR documented: tablet; 1 tab (tablet) by mouth ntia with psychosis." This was p.m. No other Seroquel was	F3	309			

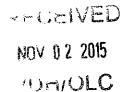
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indicated. Evaluate medication use and

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CENTERS FOR MEDICA	RE & MEDICAID SERVICES			OMB MC	<i>).</i> 0938-0391
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NAME OF PROVIDER OR SUPPLI	ER	ST	REET ADDRESS, CITY, STATE, ZIP CODE		
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F 309 Continued From page 82 resident's response quarterly."

F 309

An interview was conducted with LPN (licensed practical nurse) #8 on 10/8/15 at 11:33 a.m. regarding the process for the recapitulation of orders at the end of the month change over. LPN #8 stated, "The unit managers or selected nurses do the changeover. They compare the last months POS and any telephone orders that have come in during the month and update the POS, MARs and TARs (treatment administration records) as needed. The night shift does a second check when the change out the MARs on the last day of the month/first day of the month." The POS for February and March 2015 were reviewed with LPN #8. When asked what the blank under the box, "MEDS (medications) REVIEWED BY" was indicative of, LPN #8 stated, "Someone forgot to sign or it wasn't reviewed."

An interview was conducted with administrative staff member (ASM) #4, the nurse practitioner, on 10/8/15 at 11:53 a.m. When asked if Seroquel is a drug that can be stopped suddenly, ASM #4 stated, "No, it should be tapered down." When asked if a resident's dose should be cut by 75%, ASM #4 stated, "No, that is not a preferred reduction." When asked what symptoms would present if a resident's Seroquel dose was decreased by 75% from their usual dose, ASM #4 stated, "There would be a dramatic change in mood, affect, insomnia and agitation." The above dose reduction from the error in the monthly changeover was shared with ASM #4. ASM #4 stated, "Well, this explains a lot. He was doing so well before and we have seen an increase in his behaviors." When asked if she personally saw his behaviors, ASM #4 stated, "Yes, I have sat here (at nurse's station) and watched him fight with

Facility ID: VADO08

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:

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OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING COMPLETED C B. WING 10/08/2015

NAME OF PROVIDER OR SUPPLIER

ASHLAND NURSING AND REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

{X5} COMPLETION DATE

F 309 Continued From page 83 another resident."

F 309

An interview was conducted with other staff member (OSM) #22, the pharmacist, on 10/8/15 at 1:29 p.m. When asked if Seroquel can be stopped, OSM #22 stated, "It's not black and white but usually it is seen tapered." When asked if it's acceptable to go from 100 mg per day to 25 mg per day, OSM #22 stated, "Again, it's not black and white but the suggested way is to taper the dose to the most effective dose to treat what is being treated." When asked if there is any harm to the resident when a dose is dropped by 75%, OSM #22 stated, "No real harm but you need to protect them from rebound in their behaviors." OSM #22 was informed of the dose reduction for Resident #12 as documented above. OSM #22 was asked if there was any discrepancy identified or documented in the pharmacy related to the orders and the dose reduction revealed to him. No call back or additional information was received from the pharmacist prior to exit.

An interview was conducted with the director of nursing (DON) on 10/8/15 at 1:41 p.m. When asked to explain the monthly recapitulation of the orders at the end of the month, the DON stated, "Normally the unit managers do the monthly change over checks but we may call in extra staff to help out with that. If someone else did the checks the unit managers still have to review them too." When asked if the nurse doing the medication review should sign that they've done the review, the DON stated, "Yes, there is a box at the bottom for the signature of the reviewing nurse." The POS for February and March 2015

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the reduction of the reshared at this time. The administrator and made aware of the ab 2:01 p.m. A request withe recapitulation of the on following physician A copy of all Behavior from January 2015 threquested. The "Behavior Sympton Records" for January, were reviewed. The diametric January documented, Care. C. Yelling Out."	e DON. The error made in sident's Seroquel was he DON had no comment. director of nursing were ove findings on 10/8/15 at as made for the policy on he monthly orders. A policy orders was also requested monitoring documentation ough March 2015 was		09	

The facility policy, "Medications, Physician Order for, documented, "Policy: It is the policy of The Company that a physician's order will be obtained before medications can be administered to a resident.

Screaming/yelling out. C. Uncooperative." There were no documented behaviors for the month of February. The March "Behavior Symptom Monitoring Flow Record" documented the

resident's behaviors as the following: A. Refusing

Uncooperative." There were five documented times the resident exhibited two or more of the

Care. B. Screaming. C. Yelling. D.

documented behaviors during March.

In "Fundamentals of Nursing" 6th edition, 2005; Patricia A. Potter and Anne Griffin Perry; Mosby,

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CENTERS FOR MEDICARE & MEDICAID SERVICES						OMB NO	D. 0938-0391
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	directing medical troobligated to follow pelieve the orders a clients." No further informatin * This information w: <https: a698019.html="" www.nlm.neds=""> 3. For Resident #5, document a comple measurable criteria descriptors of pain, interventions attempadministration of pain July 2015; and facriteria of a pain readministration of pasame 2 occasions in Resident #5 was ad 5/13/14 with the dia multiple sclerosis, ebipolar, anxiety and MDS (Minimum Datassessment with an Reference Date) of coded as being mile ability to make daily out of a possible 15 for Mental Status) ecoded as requiring to</https:>	the physician is responsible for eatment. Nurses are physician's orders unless they are in error or would harm ion was provided prior to exit. was obtained from the website hih.gov/medlineplus/druginfo/mode, the facility staff failed to eate pain assessment, including a (a pain scale), quality and any non-pharmacological pted, prior to the ain medication on 2 occasions ailed to document measurable assessment after the ain medication on each of the in July 2015. Idmitted to the facility on agnoses of but not limited to be encephalopathy, depression, it dementia. The most recent ta Set) was a quarterly		309			
		or transfers; supervision for ontinent of bowel and bladder.					

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F 309	A review of the POS September 2015 re for "Diclofenac* (an pain)50 mg (milliptimes daily as needed ated 10/12/14 for "Hydrocodone-Acet tab by mouth every A review of the MAF Record) for July 20. On 7/4/15 the reside On the back there wadministration of this location of pain, typnon-pharmacologicand a post-administ On 7/6/15 the reside Hydrocodone-Acet adocumented "leg passessment information pain, non-pharmacological attempted, and a post-administration of the medications in the record failed to evid documentation of the medications in the record for pain, a pon-pharmacological pharmacological pharmacological pharmacological pharmacological pain, a pon-pharmacological pain, a pon-pharmacological pain in the pain assessment, in location of pain, a pon-pharmacological pain assessment, a pon-pharmacological pain assessment, in location of pain, a pon-pharmacological pain assessment.	S (Physician's Order Sheet) for evealed an order dated 7/9/13 in NSAID used to treat igrams)1 tab by mouth three ded for pain" and an order taminophen** 5 mg-325 mg1 of 4 hours as needed for pain" R (Medication Administration of the following: lent received the Diclofenac. was no documentation for the dis medication, including the of pain, pain scale, that in the follow up assessment. Interventions attempted, that in follow up assessment. Intervention of the back was ain 8/10." No further ation was documented (type of cological interventions ost-administration follow up the review of the clinical dence any additional the administration of these pain nurse's notes. In the follow was the follow was an interview was the follow was documented (type of cological interventions ost-administration of these pain nurse's notes. In the follow was the follow was an interview was the follow was documented the clinical dence any additional of the follow was notes. In the follow was the follow was an interview was the follow was documented that a full necluding what type of pain,		309			

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A review of the facility document, "Pain

Management" documented, "Process: Perform a

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F 309	information from the environmental, pos (i.e., cold, temperat uncomfortable posi the resident descrit of pain relief. A pai with residents who conceptReasses pain using an approcompleted pain ass medical record" A review of the resident record A review of the resident record	Whenever possible, obtain all e residentEvaluate possible itional or other causes of pain tures, annoying noises, or tion)Use a pain scale when the shis or her pain and amount in scale of 0 to 10 can be used can understand this is and document the resident's priate pain scaleThe tessment tool is placed in the dent's care plan revealed one undated, but contained a 15, documented, "Monitor pain ality (e.g. sharp, burning); ale); Anatomical location; g. continuous, intermittent); Relieving factorsEvaluate pain interventions PRN" p.m., ASM (administrative the Administrator and ASM #2, and were made aware of the information was provided by a year. ursing, 6th Edition, Potter and 1239-1287, "Nurses need to agement systematically to spain and to provide thionit is necessary to consistent basisAssessment eristics of pain helps the instanding of the type of pain, is of interventions that may	F	309			

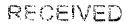
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duration....Location....Intensity....Quality....Pain

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F 309	SymptomsPain the individualized appropriate monitor intervention pain relief and independent measures that comphysicianEffective assessment of pain intervention is facilitation to the intervention of the comphysician o	easuresContributing therapy requires an oachNurses administer and ns ordered by physicians for ependently use pain-relief aplement those prescribed by a recommunication of a client's and his or her response to itated by accurate and tation. This communication from nurse to nurse, shift to other health care providers. It responsibility of the nurse to report what has been ging the client's pain. The sible for ensuring that this rately transmitted. A variety of a flow sheet or diary will help	F3	09			
	0009918/?report=de	.nih.gov/pubmedhealth/PMHT etails		/			İ
	6/29/15, and the nur	as ordered an eye consult on rsing staff failed to follow the did not obtain the consult					
	4/24/15 with the follocirrhosis of the liver,	admitted to the facility on owing diagnoses: alcoholic c, COPD (chronic obstructive d, dementia, neuropathy,					:

hypertension, HIV (human immunodeficiency

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F 309	cell count). The most recent Mi assessment, was a ARD (assessment Resident # 15 was possible 15 on the Status (BIMS) in Seindicating the reside impaired.	DS (minimum data set) quarterly assessment with an reference date) of 8/1/15, coded as scoring five out of a Brief Interview for Mental ection C, Cognitive Patterns, ent was severely cognitively	F	309		
	revealed, in part, th "Date: 6/29/15. Ord soon as possible). I Vision changes in H practitioner on 6/29 Further review of th any physician notes	e clinical record did not reveal or nurse's notes related to an Resident #19 had received an				
	p.m. with ASM (adm the director of nursi the eye consult orde 6/29/15. ASM #2 st find it. We are chec the eye clinic to see documented, but we was asked to descr staff used to obtain "The scheduler (OS the unit clerk) sched in the mornings at r	onducted on 10/7/15 at 4:15 ninistrative staff member) #2, ng. ASM #2 was asked about ered for Resident #15 on tated, "it was not done, I can't cking with social services and if it was done and just not e can't find anything." ASM #2 to the process that nursing a consult. ASM #2 stated, if (other staff member) #7, dules the consult appointment. In printing meeting we review to day. We review all orders in				

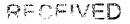
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the morning meeting to ensure that orders are not

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F 309	p.m. with LPN (licer LPN #13 was asked obtaining a consult LPN #13 responded preference for the consult the last preference for the consult the last preference for the consult the last preference for the consult the last preference for the consult preference for the consult preference for the consult preference for the consult preference for the last preference fo	onducted on 10/7/15 at 4:45 and practical nurse) #13. If to describe the process for when ordered by a physician. If, "We determine if there is a consulting physician/service, notify the family, order, fax it to the pharmacy he order is given to (name of erk, and she sets up all then once the appointment is) lets us know." Inducted on 10/7/15 at 5:10 LPN #10 was asked her g a consult when ordered by #10 responded, "We write it rt, make a note in the nursing I put the consult into the (Name of OSM #7) gets the and makes the appointment; ant is made she (OSM #7) will intent information. On the ent she (OSM #7) provides all the resident to take to the out. O.m. an interview was M #7. OSM #7 was asked to	F	309			

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F 309	Continued From pa	ane 91	- ′	309			
1 000	specifically about R	_	Г	วบซ			
		#15's eye ##7 stated, I did not get the					
		of put into the transportation					i
	book, so it was not						
	boom so to man in a						
	A review of the facil	lity policy titled, "Policies and					
	Procedures. Subject	ct: Physician Orders" revealed,					
		g documentation: "Policy: A					
		transcribe and review all					
		order to effect their					
	implementation,"						
	was conducted with ASM #2, the director corporate clinical number in attendance were findings and a requi	p.m. an end of day meeting in ASM #1, the administrator, or of nursing, and ASM #3, the urse. The administrative staff made aware of the above test was made to provide type consult appointment was #15.					
	ASM #1, the admini	p.m. a meeting was held with istrator. ASM #1 stated, "We clinic appointment for just didn't do it."					
	No further informati end of the survey.	ion was provided prior to the					
	Patricia A. Potter ar Inc; Page 419 "The directing medical tre obligated to follow p	of Nursing" 6th edition, 2005; and Anne Griffin Perry; Mosby, physician is responsible for eatment. Nurses are physician's orders unless they are in error or would harm					
F 314	483 25(c) TREATM	ENT/SVCS TO	┏,	31/			

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F 314 Continued From page 92 SS=D PREVENT/HEAL PRESSURE SORES

Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to administer the correct treatment for a pressure ulcer* for one of 37 residents in the survey sample, Resident #6.

The facility nurse administered the wrong treatment for Resident #6's pressure ulcer on 10/7/15.

The findings include:

Resident #6 was admitted to the facility on 11/21/14 and most recently readmitted on 12/10/14 with diagnoses including, but not limited to: arthritis, heart disease, chronic pain, major depressive disorder, diabetes and systolic heart failure. On the most recent MDS (minimum data set), a significant change assessment dated 6/26/15, Resident #6 was coded as having no cognitive impairment for making daily decisions. She was coded as having a stage three pressure ulcer**. She was coded as requiring the

F 314

F314 (D):

- 1. Resident #6 wound treatment was changed during survey to follow physicians order. For Resident #6, the physician and the responsible party were notified. There was no adverse effect for Resident #6.
- 2. Residents currently residing in the center with physician's orders for treatment administration to pressure ulcers have the potential to be affected. A review has been conducted by the DCS/Designee for residents with physician's orders for treatments to pressure ulcers to ensure that physician's orders are consistent with the treatment administration record.

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Event ID: W82V11

Facility ID: VA0008

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F 314 Continued From pa	age 93	F.31	14				

extensive assistance of staff for bed mobility.

dressing, tolleting, personal hygiene and bathing.

On 10/7/15 at 9:20 a.m., Resident #6's wound care was observed, with her permission. LPN (licensed practical nurse) #7 provided the wound care. Prior to going into the room, LPN #7 prepared the treatment to be applied to Resident #6's pressure ulcer. She squeezed three mis (milliliters) of Silvadene[^] ointment into a medicine cup. Once she had removed the old dressing and cleansed Resident #6's stage three pressure ulcer on her lower middle sacrum, she applied the Silvadene cream to the wound using a sterile cotton applicator. The wound measured 1.3 cms (centimeters) by 1.2 cms by 0.7 cms. It was unchanged in measurements since 10/5/15. She completed the wound care by applying a sterile dressing.

A review of the physician's orders for Resident #6 revealed the following order, written on 8/10/15 by LPN #7 and signed by the provider on 9/11/15: "D/C Silvadene to lower medical sacrum. Cleanse wound to lower medial sacrum with wound cleanser. Apply Calcium Alginate AG^^, cover, and secure QD (daily) and prn (as needed)."

A review of the treatment administration record (TAR) for Resident #6 for October 2015 revealed. the following entry: "Cleanse wound to lower medial sacrum with wound cleanser. Apply Calcium Alginate AG^^, cover, and secure QD (daily) and prn (as needed)." In the square designated for 10/7/15, LPN #7 had placed her initials.

A review of the comprehensive care plan for

3. Education has been provided to current Licensed Nurses by the DCS/Designee regarding following physician's orders for treatment administration. Random weekly observations will be completed by the DCS/Designee (5) times per week for (3) months to observe Licensed Staff during treatment administration to ensure that treatments are administered per physician's order and documented on the treatment administration record appropriately.

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Event ID: W82V11

Facility ID: VA0DD8

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F 314 Continued From page 94

Resident #6 dated 4/1/14 and updated 7/10/15 revealed, in part, the following: "Skin/Wound. Administer medications as ordered."

On 10/7/15 at 2:25 p.m., LPN #7 was asked if she remembered what treatment she had applied earlier in the day to Resident #6's wound. She stated: "I put Silvadene on it." When asked if she knew what treatment was indicated on the most recent signed provider's order and TAR, she stated: "Silvadene. That's what I have written on my paper." LPN #7 accompanied the surveyor to look at the current order for Resident #6's pressure ulcer treatment. LPN #7 stated: "Oh no. It says Calcium Alginate. But I know it's supposed to be Silvadene. [The wound doctor's] most recent progress note says Silvadene. I just need to change the TAR and write a new order for the Silvadene."

On 10/8/15 at 9:00 a.m., ASM (administrative staff member) #5, the consulting wound doctor, was interviewed regarding these concerns. When asked what treatment he intended for Resident #6 to be getting on the stage three pressure ulcer, he stated: "I had changed her treatment from Silvadene to Calcium Alginate." He stated, however, that he had neglected to make this change in his progress notes. He stated: "That was my error." He stated that he had given a new order earlier that morning (10/8/15) to change the order back to Silvadene "because the resident is non-compliant." He stated: "It's okay for her to get the Silvadene now."

On 10/8/15 at 9:40 a.m., LPN #7 approached the surveyor and showed her the new order given by the wound doctor earlier in the morning. The

F 314

- 4. Results of the random weekly observations will be discussed by the DCS/Designee at the Quality Assurance Performance Improvement Committee Meeting monthly for (3) months. The committee will recommend revisions to the plan as indicated necessary to sustain substantial compliance.
- 5. 11/10/2015

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F 314	pressure ulcer daily knows what treatmer pressure ulcer, she what's written on my doctor's notes. I un Calcium Alginate. I his order yesterday. On 10/8/15 at 2:50 staff member) #1 an ursing, were informed policies regarding fradministering media requested. A review of the facil Orders" contained refindings. No further informati *The NPUAP defines"localized injury to tissue usually over a result of pressure, owith shear and/or fristaging Revised by National Pressure L8/3/2009 <a "physician="" #2,="" (administrative="" 2007.="" a="" advisory="" and="" any="" as="" asm="" been="" bony="" by="" concerns.="" copyright="" director="" entitled="" es="" exit.="" following="" for="" from="" get="" go="" going="" guess."="" have="" he="" his="" href="http://www.news.news.news.news.news.news.news.n</td><td>dene to be applied to the y. When asked how she ents to apply to a resident's e stated: " i="" ideations="" inderstand="" ion="" littly="" med="" note,="" nothing="" npuap.="" of="" off="" or="" ordered="" orders="" p.m.,="" panel,="" paper.="" pertinent="" policy="" portion="" portion."="" pressure="" prior="" prominence,="" provided="" rather="" should="" skin="" than="" that="" the="" these="" to="" ulcer="" underlying="" usually="" wanted="" was="" were="" www.npuap.org.pr2.htm="" y="" y,="">.		314				
	tendon or muscle ar be present but does	ckness tissue loss. nay be visible but bone, are not exposed. Slough may s not obscure the depth of clude undermining and					

http://www.npuap.org/resources/educational-and-

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		npuap-pressure-ulcer-stagesca) 1 = ₁			
	used to prevent and and third-degree bu bacteria.	e (Silvadene), a sulfa drug, is d treat infections of second- urns. It kills a wide variety of h.gov/medlineplus/druginfo/me					
	the treatment of pre	dressings have been used in essure ulcers and leg ulcers. n.nih.gov/pubmed/1831374.					
	Patricia A. Potter ar Inc; Page 419: "The directing medical tra obligated to follow p believe the orders a clients." 483.25(h) FREE OF		F;	323			
SS=D	environment remain as is possible; and	RVISION/DEVICES Insure that the resident Insu					
	by: Based on observat document review ar	NT is not met as evidenced tion, staff interview, facility and clinical record review, it at the facility staff falled to					

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F 323 Continued From page 97

implement interventions to prevent risk of injury for two of 37 residents in the survey sample, Residents #11 and #37.

- 1.a. The facility staff failed to implement interventions to prevent future falls after Resident #11 fell on 9/10/15.
- 1.b. Resident #11 had a history of hitting his lap tray. The facility staff failed to evaluate the lap tray and Resident #11's behavior in relation to safety and potential for injury.
- 2. Facility staff failed to ensure the wooden covering over the bathtub in Resident #37 bathroom was free of sharp edges.

The findings include:

1.a. The facility staff failed to implement interventions to prevent future falls after Resident #11 fell on 9/10/15.

Resident #11 was admitted to the facility on 5/2/13 with diagnoses that included but were not limited to: dementia (a brain disease) and convulsions. Resident #11's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 7/12/15, coded the resident's cognitive skills for daily decision making as severely impaired. Section G coded Resident #11 as being totally dependent with bed mobility, transfers, locomotion, dressing and toilet use. Section J documented Resident #11 as not sustaining any falls since the prior assessment. Section P "Physical Restraints" coded the resident as using a chair that prevents rising on a daily basis.

F 323

F 323 (D):

Resident #11 has had fall interventions implemented.
 Resident #11 no longer has a laptray, which has been discontinued. The responsible party and the physician have been notified. The care plan for Resident #11 has been updated.
 Resident #37, the plywood covering the resident's bathtub was replaced.

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Event ID: W82V11

Facility ID: VA0008

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F 323	a nurse's progress documented, "Resimat beside bed. Be No bruising or injuri Motion) WNL (With Neuro (neurologica (Responsible Party made aware." The interventions that we future falls. A fall investigation of "Resident was fall occurred 10:30 normal range for reinitiated. No chang and MD made aware position." The fall indocumented, "Residented, "Residented, "Residented aware position." The fall indocumented, "Residented aware position." The fall indocumented aware position." The fall indocumented aware position of the page	#11's clinical record revealed note dated 9/10/15 that dent had a fall from bed to fall ed was in the lowest position. es noted. ROM (Range of in Normal Limits) for resident, (1) checks initiated. RP (2) and MD (medical doctor) note failed to document any ere implemented to prevent dated 9/10/15 documented, g on the fall mat beside his holding on to side rail. The a.m., no injuries noted ROM is sident. Neuro checks es noted in mental status. RP re. Bed was in lowest noted in for courrences: " The blank. Also, a space at the documented, "Reviewed By: inical Services)/ Designee:	F3	323	2. Residents currently recenter that experience the potential to be affer Residents experiencing the previous 30 days I reviewed to ensure the fall interventions implied appropriately. Resides private bathrooms have potential to be affected Maintenance Director has made environment and conducted observen ensure that there are resharp edges in resides bathrooms.	e falls have ected. Ing falls for have been at they have lemented ints with we the ect. The fr/Designee intal rounds vations to no further
	conducted with LPN #11, the unit manage #11's unit. LPN #1' low bed and fall material away from the use resident had previous checks but could not LPN #11 confirmed were implemented	a.m., an interview was I (licensed practical nurse) per responsible for Resident I stated Resident #11 had a Its but staff was trying to get of alarms. LPN #11 stated the usly been on 15 minute of state when. When asked, all of the above interventions prior to Resident #11's fall on stated the resident scoots				

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F 323	himself out of bed a asked the facility pr prevention (after a stated, "Afterwards interventions in place	age 99 and sits on the mat. When occess regarding fall fall has occurred), LPN #11 (after a fall), we need to put occ. She (the nurse caring for 10/15) should have put	F 3	323	3.	The Staff Developm Coordinator/Design provided education staff regarding impl	ee has to curre		

something into place." LPN #11 confirmed nothing was implemented to prevent future falls after Resident #11 fell on 9/10/15. LPN #11 stated staff has fall meetings and to let her see what was written at that meeting.

On 10/8/15 at 11:35 a.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing and LPN #11. LPN #11 stated, "We discussed it (Resident #11's 9/10/15 fall) as a behavior because it's on his care plan that the resident sits on the floor."

Resident #11's safety care plan implemented on 1/23/15 documented, "Place self on floor." The care plan failed to document any information related to the date of 9/10/15.

On 10/8/15 at 12:00 p.m., the administrator and director of nursing were made aware of the above findings.

The facility policy titled, "Accident and Incident Investigation" failed to document any pertinent information regarding the above findings.

No further information was presented prior to exit.

1.b. Resident #11 had a history of hitting his lap tray. The facility staff failed to evaluate the lap tray and Resident #11's behavior in relation to safety and potential for injury.

fall interventions, routine evaluation of restraints. evaluation of behaviors that could contribute to falls, and identification of concerns that are potential environmental safety hazards. The Administrator/Designee will conduct observations for (5) residents (5) times per week for (3) months to ensure that residents that have experienced falls have interventions implemented. The Administrator/Designee will also observe for and identify potential safety hazards that require correction including wooden coverings over the bathtub that

may have sharp edges.

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Event IQ: W82V11

Facility IO: VA0008

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F 323 Continued From p	age 100	F 20	0 4 TT1 1/2 C/1	1	

On 10/7/15 from 1:40 p.m. to 2:00 p.m., Resident #11 was observed in the bedroom, in a Geri chair with a full lap tray extending from one armrest to the other armrest. The lap tray was approximately 27 inches long, 15 inches wide and 2 inches in depth. The tray was constructed of hollowed hard plastic. During this time, Resident #11 was repeatedly hitting the lap tray with his hand and arm. The resident could be heard hitting the lap tray approximately 32 feet down the hall.

Resident #11's comprehensive care plan with an implementation date of 1/23/15 documented in part, "Safety: Lap tray to gerichair while up in chair for safety R/T (related to) Falls- Release lap tray for ADL's (Activities of Daily Living) & rounds (Q [every] 2 hr [hours] & PRN [as needed])...Psychosocial Well being: Disruptive Behavior (specify): Bangs on table top...Behavior/Mood: Hits lap tray repeatedly..." The care plan failed to document any interventions that were implemented to ensure Resident #11 did not sustain an injury while hitting the lap tray. The safety care plan documented. "Geri gloves or protective sleeves as needed." During the survey, Resident #11 was not observed with Geri gloves or protective sleeves.

On 10/8/15 at 7:35 a.m., an interview was conducted with LPN (licensed practical nurse) #11, the unit manager responsible for Resident #11's unit. LPN #11 confirmed the resident bangs on his lap tray. When asked if anyone had evaluated Resident #11's lap tray for safety and potential for injury related to the resident hitting the tray, LPN #11 stated she would have to ask the director of nursing.

F 323

- The results of the observations will be discussed by the Administrator/Designee at the Quality Assurance Performance Improvement Committee Meeting monthly for (3) months. The committee will recommend revisions to the plan as indicated necessary to sustain substantial compliance.
- 5. 11/10/2015

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F 323	conducted with OSI (the director of rehall occupational therall (occupational therall (occupational therall had seen Resident reach out like he was #19 stated she had evaluate Resident #10 no 10/8/15 at 11:35 conducted with ASI member) #2 (the dilentational the disconducted with ASI the disconducted with ASI the disconducted with ASI the disconducted with ASI the disconducted with ASI the disconducted with ASI the disconducted with ASI the disconducted with ASI the disconducted with ASI the disconducted with ASI the disconducted with ASI the disconducted with ASI the disconducted with ASI the disconducted with ASI the disconducted with ASI the disconducted with ASI the disconducted with ASI the disconducted with ASI the disconducted with ASI member) #2 (the dilentational the disconducted with ASI the disconducted w	a.m., an interview was M (other staff member) #11 abilitation), OSM #12 (certified by assistant) and OSM #19 pist). OSM #19 stated she #11 bang on his lap tray then as seeking attention. OSM not received a referral to #11's lap tray for safety. 5 a.m., an interview was M (administrative staff rector of nursing) and LPN and she had no further ng Resident #11's lap tray. p.m., LPN #11 was ng Geri gloves/protective nt #11. LPN #11 stated Geri eeves were used to protect and hands from getting elchair. LPN #11 stated nger wore Geri gloves or because he had not recently tears. LPN #11 stated she date when Resident #11's ive sleeves were removed. Inotes from January 2015 into failed to reveal desident #11 sustaining any		323			

The facility policy titled, "Resident Safety" documented, "Policy: A resident safety program is

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program. Procedur safety program will Action Sheet and the Adherence to the protect to the Executive Dir Committee" No further information of the Executive Dir Committee" No further information of the Executive Dir Committee" No further information of the Executive Dir Committee" No further information over the baseling over the Executive over the Executive over the Executive over the Executive over the Executive over the Executive over the Executive over the Executive over the Executive over the Executive over the Executive Over the Executiv	re: Periodically the resident be reviewed utilizing the ne Compliance worksheet. rogram will be communicated rector and the Safety ion was presented prior to exit. ed to ensure the wooden rethtub in Resident # 37 of sharp edges. admitted to the facility on rese that included but were not a (a group of symptoms as that affect the brain), blood pressure), reflux disease (stomach ck, or reflux, into the rate it), hypothyroidism (not mone to meet your body's ralopathy (a term that means age, or malfunction).				
set), an admission a (assessment referent resident as being set scoring a 5 (five) ou BIMS (Brief Interview Resident # 37 was a to limited assistance activities of daily living as being independent ambulation.	assessment with an ARD ence date) of 9/8/15, coded the everely impaired of cognition, at of a possible 15 on the ew for Mental Status) interview. coded as requiring supervision e of one staff member for all ing. Resident # 37 was coded ent with transfers and sident # 37's bathroom on				
	ROVIOER OR SUPPLIER SUMMARY STA (EACH OEFICIENCY REGULATORY OR LE Continued From pa established. There program. Procedur safety program will Action Sheet and the Adherence to the program over the best bathroom was free Resident #37 was a 9/1/15 with diagnose limited to: dementia caused by disorders hypertension (high a gastroesophageal recontents to leak bace esophagus and irritate enough thyroid horn needs) and encephasion disease, dama Resident #37's mos set), an admission a (assessment references and the second and encephasion disease, dama Resident #37's mos set), an admission a (assessment references) and encephasion disease, dama Resident #37's mos set), an admission a (assessment references) and encephasion disease, dama Resident #37's mos set), an admission a (assessment references) and encephasion disease, dama Resident #37's mos set), an admission a (assessment references) and encephasion as being a 5 (five) our BIMS (Brief Interview to limited assistance activities of daily livities being independe ambulation. 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Resident #37 was admitted to the facility on 9/1/15 with diagnoses that included but were not limited to: dementia (a group of symptoms caused by disorders that affect the brain), hypertension (high blood pressure), gastroesophageal reflux disease (stomach contents to leak back, or reflux, into the esophagus and irritate it), hypothyroidism (not enough thyroid hormone to meet your body's needs) and encephalopathy (a term that means brain disease, damage, or malfunction). Resident #37's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 9/8/15, coded the resident as being severely impaired of cognition, scoring a 5 (five) out of a possible 15 on the BIMS (Brief Interview for Mental Status) interview. Resident # 37 was coded as requiring supervision to limited assistance of one staff member for all activities of daily living. Resident # 37 was coded as being independent with transfers and	ROVIDER OR SUPPLIER D NURSING AND REHABILITATION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 102 established. There is a periodic review of the program. Procedure: Periodically the resident safety program will be reviewed utilizing the Action Sheet and the Compliance worksheet. Adherence to the program will be communicated to the Executive Director and the Safety Committee" No further information was presented prior to exit. Facility staff failed to ensure the wooden covering over the bathtub in Resident # 37 bathroom was free of sharp edges. 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Observations of Resident # 37's bathroom on 10/6/15 at approximately 2:00 p.m., 10/7/15 at	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER D NURSING AND REHABILITATION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 102 established. There is a periodic review of the program. Procedure: Periodically the resident safety program will be reviewed utilizing the Action Sheet and the Compliance worksheet. Adherence to the program will be communicated to the Executive Director and the Safety Committee" No further information was presented prior to exit. Facility staff failed to ensure the wooden covering over the bathtub in Resident # 37 bathroom was free of sharp edges. 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Observations of Resident # 37's bathroom on 10/6/15 at approximately 2:00 p.m., 10/7/15 at	ROVIDER OR SUPPLIER O NURSING AND REHABILITATION SUMMARY STATEMENT OF DEFICIENCES (EACH OFFICIENCY STATE MERIT OF DEFICIENCES ASHLAND, VA 23005) SUMMARY STATEMENT OF DEFICIENCES (EACH OFFICIENCY STATE MERIT OF DEFICIENCES ASHLAND, VA 23005) SUMMARY STATEMENT OF DEFICIENCES (EACH OFFICIENCY STATE MERIT OF DEFICIENCES ASHLAND, VA 23005) CONTINUED From page 102 Continued From page 102 Established. There is a periodic review of the program. Procedure: Periodically the resident safety program will be reviewed utilizing the Action Sheet and the Compliance worksheet. Adherence to the program will be communicated to the Executive Director and the Safety Committee" No further information was presented prior to exit. Facility staff failed to ensure the wooden covering over the bathtub in Resident # 37 bathroom was free of sharp edges. 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approximately 8:15 a.m. revealed a piece of

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Marie .	TOMBER SILES, , L.		J	1	06 THOMPSON STREET		
ASHLAN	ID NURSING AND RE	HABILITATION	1	1			
· · · · · · · · · · · · · · · · · · ·				<u> </u>	SHLAND, VA 23005		
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F 323	Continued From pa	age 103	F '	323			
	·	and fastened over the bathtub		120			
		d sharp edges on the exterior					
	edge.	Tollarp dagge of, and extends					
	On 10/8/15 at 9:15	a.m., an observation of					
	Resident # 37's bat	throom was conducted with					
		nember) # 9 director of					
		vices. OSM #9 was asked to					
		e wooden edge of the plywood					
		over the bathtub. OSM #9					
		the edge of the wood was					
		s sharp and could injure a stated. "The plywood over the					
		aced to eliminate the sharp					
	edge."	Ced to entitleto the sharp					
		oximately 10:10 a.m. an					
		lucted with OSM # 9 regarding					
	general repairs with						
		rtment. OSM # 9 was asked					
	how the maintenant	ice department is notified of					
	repairs or possible l	hazards in the residents '					
	rooms. OSM # 9 sta	ated, "We rely on the mock					
		ucted by the facility staff every					
		hat needs to be fixed in the					
	-	Each maintenance staff is					
	assigned to a wing						
		se repairs." When asked if the					
		rtment uses a work order					
		tated, "Each wing has a look and it is checked at least					
		i, it should be checked daily."					*
		"Maintenance" documented in					
		of Environmental Services will					
		ds of the building to ensure the					
		ards and in proper physical					
	condition."						
	On 10/8/15 at appro	oximately1:05 p.m. an					
	interview was condu	ucted with CNA (certified					
	nursing assistant) #	#15. When asked if Resident					

#37 walks in and out of her bathroom

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F 323	interview was condu practical nurse) #15 37 walks in and out	#15 stated, "Yes." eximately1:10 p.m. an ucted with LPN (licensed b. When asked if Resident # of her bathroom	F:	323				
	part, "The Director of perform daily round plant is free of haza condition." On 10/8/15 at appro Administrator was n	"Maintenance" documented in of Environmental Services will sof the building to ensure the rds and in proper physical oximately11:30 a.m., the nade aware of the above						
	483,25(I) DRUG RE UNNECESSARY DI Each resident's drug unnecessary drugs. drug when used in eduplicate therapy); owithout adequate mindications for its us adverse consequent	on was presented prior to exit. GIMEN IS FREE FROM RUGS g regimen must be free from An unnecessary drug is any excessive dose (including or for excessive duration; or onitoring; or without adequate e; or in the presence of ces which indicate the dose or discontinued; or any	F;	329			The state of the s	
	combinations of the Based on a compreteresident, the facility who have not used a given these drugs up therapy is necessary							

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F 329 Continued From page 105

record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

This REQUIREMENT is not met as evidenced by:

Based on staff interview, and clinical record review, facility document review, it was determined that the facility staff failed to ensure that the drug regimen for three of 37 residents in the survey sample, (Residents #19, #16 and #18), was free of unnecessary medications.

- 1. On 8/10/15 the nurse practitioner increased Resident #19's antipsychotic medication, Seroquel*, without evidence of increased behaviors or a consult with a psychiatrist.
- 2. On 7/21/15 the psychiatrist wrote an order to discontinue Resident #16's bedtime dose of Seroquel, the nursing staff continued to administer the medication.
- 3. The facility staff failed to identify targeted behaviors for the use of an antipsychotic medication, Seroquel, Resident #18.

The findings include:

1. On 8/10/15 the nurse practitioner increased Resident #19's antipsychotic medication, Seroquel *, without evidence of increased behaviors or a consult with a psychiatrist.

F 329

F329 (E):

1. Resident #19 received new orders to adjust antipsychotic medication. A psychiatric consult has been established for Resident #19. The Responsible Party was notified. Resident #16 is receiving medications per the physician's orders.

For Resident #16, the Responsible Party and the Physician were notified and the bedtime dose of Seroquel was discontinued. Resident #18 no longer reside in the facility.

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F 329 Continued From page 106

Resident #19 was admitted to the facility on 4/30/15 with a readmission on 6/18/15, with diagnoses that included, but were not limited to: epilepsy (a form of seizures), anxiety, hypertension, depression, pain and ulcer. The most recent MDS (minimum data set) assessment, was a quarterly assessment with an ARD (assessment reference date) of 9/8/15. Resident #19 was coded as scoring two out of a possible 15 on the Brief Interview for Mental Status (BIMS) in Section C, Cognitive Patterns, indicating the resident was severely cognitively impaired.

A review of Resident #19's clinical record revealed a telephone order dated on 8/10/15 and signed by ASM (administrative staff member) #4, the nurse practitioner, on 8/10/15 that documented, in part, the following: "Seroquel * (a medication used to treat schizophrenia, psychosis and depression), 12.5 mg (milligrams) po (by mouth) at noon daily. Indication: psychosis." Further review of the clinical record did not reveal a diagnosis of psychosis by Resident #19's primary care physician or a psychiatric evaluation that documented a diagnosis of psychosis.

Further review of Resident #19's quarterly MDS assessment with an ARD of 9/8/15 revealed, in part, Section E, Behaviors, Resident #19 was coded as having no behaviors during the seven day look back period. A comparative review of a quarterly MDS assessment with an ARD of 7/2/15 also revealed, in Section E, Behaviors, Resident #19 was coded as having no behaviors during the seven day look back period.

Further review of Resident #19's clinical record revealed a behavior symptom monitoring sheet

F 329

2. Residents currently residing in the center that receive antipsychotic medications have the potential to be affected. A review has been conducted by the DCS/Designee for the past 30 days for residents with orders for antipsychotic medications to verify that residents that have had antipsychotic medication dosage increased have a psychiatric referral, that the physician's orders are consistent with the Medication Administration Record and residents are receiving antipsychotic medications as ordered by the physician, and that targeted behaviors have been identified for residents receiving antipsychotic medications.

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F 329 Continued From page 107

dated August 2015 that documented, in part, the following information: "Behavior: A. Combative. B. Gets up without assistance. C. Attempts to get up. Cause/Trigger: A. Frustrated. B. Agitated. C. Agitated. Non pharmacologic Intervention: 1. Bathroom breaks 2. Redirect - snack 3. Walk resident, snack." The following dates were documented as behaviors occurring: "8/2/15 7-3 (dayshift) Behavior demonstrated: A, B, C. 8/3/15 7-3 Behavior demonstrated: A, B, C. 8/11/15 7-3 Behavior demonstrated: A, C, B. 8/12/15 7-3

A review of the nursing notes for Resident #19 revealed, in part, the following documentation regarding behaviors: "8/2/15 - Resident attempts to get up without assistance. 8/3/15 No behavioral issues. 8/5/15 - No behaviors. 8/6/15 - No behaviors. 8/10/15 - Resident is fidgety, make negative statements and becomes combative. Notified NP (nurse practitioner) N.O. (new order) for Seroquel 12.5 mg PO daily at noon, UA (urinalysis) C&S (culture and sensitivity) obtain for lab (laboratory) in AM (morning) will continue to monitor. 8/11/15 - Resident getting up from w/c (wheelchair) without assistance becomes combative with redirection. 8/12/15 - Resident combative upon approach when redirected to sit. 8/14/15 Resident increased agitation, combative difficult to redirect."

Further review of Resident #19's clinical record did not reveal an order for a consult with the psychiatrist and did not reveal a dictated note by nurse practitioner for the month of August, 2015.

On 10/8/15 at 9:30 a.m. an interview was conducted with ASM #4, the nurse practitioner.

F 329

3. The Staff Development Coordinator/Designee has provided education to Licensed Staff regarding referring residents requiring increases in the dosage of their antipsychotic medication for psychiatric consult, administering medications including antipsychotic medications as ordered by the physician, and identifying and documenting targeted behaviors for residents receiving antipsychotic medications. A random weekly review/observation will be completed by the DCS/Designee for (5) residents per week for (3) months to ensure that there has been a psychiatric referral if their antipsychotic medication dosage has been increased, that the antipsychotic medication is being administered as ordered by the physician, and that targeted behaviors have been identified.

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F 329	adjusting anti psychresidents in the facimake adjustments come in, I order a cunder the care of a asked what determ add an antipsychotic responded, "If the redelusions/hallucinate behavior. I ask state see myself, I like to couple of times beforegarding an antips frustrated because but I like to model a increased behaviors she documents her dictate my notes an medical record, but get them in the recoher expectation was documentation, ASI staff to document in behavioral sheets, be about the behaviors whether or not Resi psychiatric care, AS #19) came in on an have had a psychiat dose of the medicat ASM #4 reviewed the psychiatrist wrote a showed this surveyor recommendation for of an anti anxiety medical as the surveyor recommendation for of an anti anxiety medical as the surveyor recommendation for of an anti anxiety medical as the surveyor recommendation for of an anti anxiety medical as the surveyor recommendation for of an anti anxiety medical parts and the surveyor recommendation for of an anti anxiety medical parts and the surveyor recommendation for of an anti anxiety medical parts and the surveyor recommendation for of an anti anxiety medical parts and the surveyor recommendation for of an anti anxiety medical parts and the surveyor recommendation for of an anti anxiety medical parts and the surveyor recommendation for of an anti anxiety medical parts and the surveyor recommendation for of an anti anxiety medical parts and the surveyor recommendation for of an anti anxiety medical parts and the surveyor recommendation for of an anti anxiety medical parts and the surveyor recommendation for of an anti anxiety medical parts and anxiety medical parts and the surveyor recommendation for of an anti anxiety medical parts and the surveyor recommendation for of an anti anxiety medical parts and the surveyor recommendation for of an anti anxiety medical parts and the surveyor recommendation for of an anti anxiety medical parts and the surveyor recommendation for the surveyor recommendation for the surveyor recomm	about her process for notic medications for the lity. ASM #4 responded, "I do and then have the psychiatrist onsult if they are not already psychiatrist." ASM #4 was ines her decision to change or c medication. ASM #4 esident is having tions or demonstrating violent of about behaviors and also see them (the residents) a pre making a decision ychotic. The staff get this is an increased workload, pproaches when dealing with this is an increased workload, pproaches when dealing with this is an increased workload, pproaches when dealing with this is an increased workload, pproaches when dealing with this is an increased workload, pproaches when dealing with this is an increased workload, pproaches when dealing with this is an increased workload, pproaches when dealing with this is an increased workload, "I aSM #4 was asked how decisions, ASM #4 stated, "I depend the progress notes and th	F3	329	 Results of the random reviews/observations discussed by the DC the Quality Assurance Performance Improve Committee Meeting (3) months. The commercommend revisions as indicated necessare substantial compliants. 11/10/2015 	s will be S/Designee at ce rement monthly for amittee will s to the plan ry to sustain

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psychiatric problems." ASM #4 was asked if there

was a consult note for that date from the

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F 329	#19 had been seen stated that there wadate. ASM #4 was a discussed Residen with the psychiatrismot. ASM #4 was a an order for a psychist on 8/10/15. AS the nurse but I didn was asked what be having that caused Seroquel, ASM #4 sresidents and very a residents. ASM #4 behaviors were dood did not see any dood have witnessed the would have told her asked what Reside were, ASM #4 state will not attack other. On 10/8/15 at 10:35 conducted with LPN #15. LPN #15 was seen by a psychiatridon't think she is see #15 was asked whether or no other residents, LPN never aggressive with the state with	uld evidence that Resident by the psychiatrist. ASM #4 as not a dictated note for that asked whether or not she t #19's change in drug therapy t, ASM #4 stated that she did asked whether or not she wrote hiatric consult following her SM #4 stated, "I probably told 't write an order." ASM #4 haviors Resident #19 was her to order an increase in stated she was fighting other aggressive towards other was asked where those sumented, ASM #4 stated she sumentation, but she would behaviors and the nurses about them. ASM #4 was at #19's targeted behaviors ad, "That she (Resident #19) people." 5 a.m. an interview was I (licensed practical nurse) asked if Resident #19 was ist. LPN #15 responded, "I ben by a psychiatrist." LPN either or not Resident #19 viors. LPN #15 stated, "She ithout assistance and can be be is redirected." LPN #15 was ot Resident #19 attacked N #15 responded, "No, she is	F	329	9		
		acted with LPN #9, the unit			•		

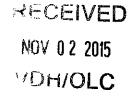
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manager. LPN #9 was asked if she knew why

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F 329	Continued From pa	ae 110	F:	329			
F 329	Resident #19's Sen August. LPN #9 re and stated, "She (R down, she won't stagets agitated." LPN she was aggressive #9 stated, "No, she when we redirect he On 8/8/15 at 12:30 conducted with CN/#3, a direct care giv was asked to descr CNA #3 stated, "It is (Resident #19) is grare days when she asked whether or nother residents, CN about her (Resident she is fine. She is schanged her medical Medications" reveal documentation: "7, interventions will be psycho-pharmacolo possible." On 10/8/15 at approprovided a resident dictated by ASM #4, following: "She (Reinto other residents' last few weeks and residents. She has but has been combated."	oquel was increased in viewed Resident #19's chart resident #19) gets up and ay seated, she won't sleep and ay seated, she won't sleep and ay was asked whether or not be towards other residents, LPN just gets agitated with us get to sit down." p.m. an interview was a (certified nursing assistant) are for Resident #19. CNA #3 ribe Resident #19's behaviors, as day by day, some days she's uiet and calm and then there is agitated." CNA #3 was ot Resident #19 attacked A #3 stated, "I never worry to the think they ations, but she is fine." ity policy titled, "Psychoactive ed, in part, the following Non-pharmacological aused to avoid using agic drugs to the extent the sident #19) has been going rooms repeatedly over the is starting fights with other been redirected many times ative with staff and other	F	329			
		sic) consult with (name of dd 12.5 of Seroquel Q.					

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	PROVIDER OR SUPPLIER D NURSING AND RE	HABILITATION		906	EET ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET HLAND, VA 23005		10/00/20 10	
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F 329		e of her behaviors. May need at period until (name of e her."	F3	29				
	administrator, was	made aware of these findings. she was not aware of the						
	was conducted with ASM #7 was asked	p.m. a telephone interview ASM #7, the psychiatrist. whether or not she had seen #7 stated that she did not ler.						
	No further informati end of the survey.	on was provided prior to the						
2	discontinue Reside Seroquel *, the nurs	osychiatrist wrote an order to nt #16's bedtime dose of sing staff continued to ication without an active order /10/15.						
	Resident #16 was admitted to the facility on 3/31/08 with diagnoses that included, but were not limited to: AMS (altered mental status), dementia, anxiety, hypertension, insomnia, diverticulitis (An inflammation or infection in one or more small pouches in the digestive tract), behavior disturbance, hypothyroidism (decreased thyroid function) and hyperlipidemia (increased lipids in the blood stream). The most recent MDS (minimum data set) assessment, was a quarterly assessment with an ARD (assessment reference date) of 8/13/15.							

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a possible 15 on the Brief Interview for Mental Status (BIMS) in Section C, Cognitive Patterns,

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l · · ·		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF F	PROVIDER OR SUPPLIER	•	_	ł	STREET ADDRESS, CITY, STATE, ZIP CODE	
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F 329	indicating the reside impaired. A review of Resider revealed a pharmacy 7/13/15 recommend reduction) be considered antipsychotic medic schizophrenia, bipoon The following, in parecommendation; "faccept the recommendation; f the pharmacy constitution of the faccept that pharmacy constitution of the faccept administration recompart, that Resident faccept facce	ent was severely cognitively Int #16's clinical record cy consultation report dated ding that a GDR (gradual dose dered for Seroque!* (an cation used to treat blar disorder and psychosis). Int, was written on the Physician's Response: I endation above, please en. D/C (discontinue) Seroquel 1/2 po (by mouth) 12.5 mg The order was signed by the /15. On the bottom corner of ultation report was a at documented, "No change 2 ors" signed by ASM If member) #4, the nurse ed 8/10/15. Int #16's medication Ind for July 2015 revealed, in #16 was administered Int bedtime on 7/23/15, 7/25/15, 29/15, 7/30/15 and 7/31/15. A #16's medication Ind for August 2015 revealed, in #16 was administered Internal Province Interna	F	329	,	
	On 10/7/15 at 5:10 p	p.m. an interview was				

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conducted with LPN (licensed practical nurse) #10. LPN #10 was asked to describe her

process when she received an order to reduce an antipsychotic medication. LPN #10 stated, "We follow the normal process for new medication

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	the MAR (medication Then we call the Mill (responsible party). On 10/8/15 at 9:30 conducted with ASM member) #4, the number on Resident #16 day that she did not agree to discontinue the discontinue administer was asked why their to 8/10/15. ASM #4 review and approve hold the recomment psychiatrist comes here, she never return psychiatrist comes here, she never return psychiatrist comes here, she never return psychiatrist comes here, she never return psychiatrist comes here, she never return psychiatrist comes here, she never return psychiatrist comes here, she never return psychiatrist comes here, she never return psychiatrist comes here, she never return psychiatrist comes here, she never return psychiatrist comes here, she never return the discussion of the discussion of the properties of the properties of the manufactor of the part of the properties of the part of th	to the pharmacy and put on on administration record). D (medical doctor) and the RP	F3	29	DEFICIENCY			
	"If I don't agree with ASM #4 was asked regarding the order Resident #16. ASM hand you 20 recomi	an order I call the physician." whether or not she called to discontinue Seroquel for I #4 responded, "When they mendations in a day, you just ASM #4 was asked why she		·				

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decided that the Seroquel should not be

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F 329	"She (Resident #16 intrusive, she hits the where the behavior continued use of Sethe psychiatrist to distated, "There are in On 10/8/15 at 10:35 conducted with LPM describe her process medication order or recommendation retranscribe the order right away. The dotthe next morning affusually comes in at the recommendation give them to the donext day. We act or	esident #16, ASM #4 stated, it is in the people, she is hem." ASM #4 was asked is were documented to support eroquel, despite an order from liscontinue the order. ASM #4 no notes." 5 a.m. an interview was N #15. LPN #15 was asked to so when she received a new in a pharmacy eport. LPN #15 stated, "I r, I act on the recommendation ctor / nurse practitioner see it fer we get it. The psychiatrist night and she will sign off on ins for antipsychotics and we ctor or nurse practitioner the it right away."	F	329				
	ASM #1 stated she A request was madpsychiatrist and a poncerning GDRs. On 10/8/15 at 2:15 was conducted with ASM #7 was asked pharmacy recommeres ponded, "The far recommendations for medications into my to the facility, I go the leither agree or disconsistence."	made aware of these findings. was unaware of the situation. e to speak with the olicy was requested p.m. a telephone interview ASM #7, the psychiatrist. how the facility handled the endations for GDR. ASM #7 cility places all or GDRs or antipsychotic y box. Each time that I come brough the recommendations;						

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leave this with the director of nursing or unit

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	(X3) DATE SURVEY COMPLETED		
		495362	B. WING _		C 10/08/2015
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005		
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F 329 Continued From page 115

managers. The orders then go to the primary care physician or nurse practitioner." ASM #7 was asked about the order to discontinue Resident #16's Seroquel, ASM #7 stated that the Seroquel should have been discontinued and that she had written that order to do that. ASM #7 was asked if she was aware that the order had been changed on 8/10/15 by the nurse practitioner for Resident #16 to continue taking Seroquel. ASM #7 stated that she was not aware that her order had been changed, nobody had called her. ASM #7 further stated, "I don't want my orders changed by the nurse practitioner, she is not a certified psychiatry practitioner. If she wants to change an order then she needs to call me."

On 10/8/15 at 3:00 p.m. an interview was conducted with LPN #9, Wing 2 unit manager. LPN #9 was asked who reviews the pharmacy recommendations for GDR (gradual dose reduction). LPN #9 responded that the pharmacy recommendations go into the psychiatrist's mail box and she addresses them when she comes in. LPN #9 further stated that the psychiatrist comes to the facility every other Friday, usually after 6 p.m. in the evening. LPN #9 was asked what happened to the recommendations once they were reviewed and signed by the psychiatrist. LPN #9 stated, "The nurse practitioner and I review any orders she writes and they we determine if we agree/disagree with her order. If we disagree with the order we change the order and give to the nurses." LPN #9 was asked whether or not they would contact the psychiatrist about the order they disagreed with, LPN #9 responded, "No we do not contact the psychiatrist, I guess we should." LPN #9 was shown the order written by the psychiatrist to

F 329

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F 329	Continued From pa	ge 116	F:	329			
	·	el for Resident #16, LPN #9	•	O_C			
	was asked who cor	npleted the note at the bottom					
		ition, LPN #9 responded, "The					
		id, we didn't agree that the discontinued." LPN #9 was					
		ot they called the psychiatrist,					
	LPN #9 stated that	they didn't. LPN #9 was					
	asked whether or n	ot a nurse practitioner was					
		nysician order, LPN #9 stated, ne physician order would					
		s asked about the delay					
		id 8/10/15. LPN #9 stated,					
		t until 8/10/15, I don't know					
		asked to verify that Resident ceive the dose of Seroquel					
		id 8/10/15 even though the					
	psychiatrist had disc	continued the medication.					
		that Resident #16 continued					***
	to receive the medic	cation.					
		on was provided prior to the					
	end of survey.						
		as obtained from the					
	following website:						
	T0011909/>	m.nih.gov/pubmedhealth/PMH					
	. 30 1 1000/-						
	3. The facility staff fa	ailed to identify targeted					
	behaviors for the us	e of an antipsychotic					
	medication, Seroque	el*, for Resident #18.					
	Resident #18 was a	dmitted to the facility on					
		es that included but were not					

anxiety and urinary incontinence.

limited to: abnormal gait, osteoarthritis, high blood pressure, diabetes, cataracts, dementia with behaviors, Alzheimer's disease, depression,

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SUR COMPLETE			
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NAME OF PRO	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	ODE		
ASHLAND NURSING AND REHABILITATION			906 THOMPSON STREET				
				ASHLAND, VA 23005			
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F 329 C	ontinued From n	age 117		0			

F 329

The most recent MDS (minimum data set) assessment, a Medicare 14 day assessment. with an assessment reference date of 9/16/15, coded the resident as scoring a 9 out of 15 on the BIMS (brief interview for mental status) scale. indicating her as moderately impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance of one staff member for all of his activities of daily living except eating in which he was coded as being independent after set up assistance was provided. In Section N - Medications, the resident was coded as having received seven days of an antipsychotic during the look back period.

The physician orders dated, 9/2/15, and signed by the physician on 9/2/15, documented, "Quetiapine (Seroquel) 25 mg (milligram) tab (tablet) give 3 tabs PO (by mouth) daily at bedtime. DX (diagnosis) Behaviors."

A telephone order dated, 9/3/15 documented. "Clarification order for Seroquel 25 mg PO Q (every) PM (bedtime) Give Seroquel (3) 25 mg tablets PO for dementia with psychosis and hallucinations."

The "Consent for Use of Psychoactive Medication Therapy" dated, 9/3/15, documented. "Psychotropic Medication Ordered - Seroquel 25 mg." The Condition being treated was documented as "Other - Behaviors."

The "Behavior Symptom Monitoring Flow Record" for September 2015 documented the targeted behavior as "Puts himself on the floor." The next column, "Causes/Trigger" documented, "Enjoys

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	PROVIDER OR SUPPLIER	HABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005			
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F 329	watching TV on the	age 118 floor." There were no riors for the month of	F 32	29			
	for October 2015 de	ptom Monitoring Flow Record' ocumented the targeted nimself on the floor." The next	ıt.				

Review of the nurse's notes from 9/3/15 through 10/8/15 did not document anything about putting himself on the floor. There were two notes; one on 9/28/15 on the day shift, that documented, "Resident up walking had to redirect to wheelchair." A second nurse's note dated, 10/5/15, documented on the evening shift, "Continuously got up out of his chair and wandered down the hall. Needed constant redirection."

column, "Causes/Trigger" documented, "Enjoys watching TV on the floor." There were no documented behaviors for the month of October.

The above entries were the only documentation of any behaviors for Resident #18.

An interview was conducted with LPN (licensed practical nurse) #9 on 10/8/15 at 8:36 a.m. regarding the process for when a resident is on antipsychotic medications, and what is monitored for this resident. LPN #9 stated, "We have to identify the targeted behaviors we are treating with the medication. We need to obtain a consent form from the resident or RP (responsible party). We put in place a Behavior Monitoring form on the front of the MAR (medication administration record)." When asked if "putting himself on the floor" was a targeted behavior for the use of antipsychotic medications, LPN #9 stated, "I wouldn't think so."

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F 329	Continued From pa	ge 119	F 32	9				

An interview was conducted with the director of

nursing (DON), ASM (administrative staff) #2, on 10/8/15 at 8:40 a.m., regarding the process for when a resident is on an antipsychotic medication. The DON stated, "We review all of the charts with new orders in morning meeting. All new admissions are reviewed also. We look at the GDRs (gradual dose reduction requests)." ASM #2, (the DON) was asked to review the orders and the behavior monitoring sheets for Resident #18. ASM #2 (the DON) was asked what targeted behavior the facility staff was monitoring for the use of the Seroquel, for Resident #18. The DON did not respond. When asked if "putting himself on the floor" is a targeted behavior for the use of Seroquel, the DON stated. "No, it's not." When asked again what the

targeted behavior was for the use of Seroquel for Resident #18, the DON stated, "We don't have

An interview was conducted with administrative staff member (ASM) #4, the nurse practitioner, on 10/8/15 at 9:35 a.m. When asked what targeted behaviors would be appropriate for the use of Seroquel, ASM #4 stated, "Delusions, hallucinations, and violent behaviors against self or others." When asked if "putting himself on the floor" was a targeted behavior for the use of Seroquel, ASM #4 stated, "No, that I would not consider a targeted behavior." When asked where she sees documentation of the resident's behaviors, ASM #4 stated, "On the Behavior Monitoring sheets and the nurse's notes." When asked if she normally sees the behaviors documented, ASM #4 stated, "Not always." When asked what the targeted behaviors Resident #18 has, ASM #4 stated, "I referred him to psych

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(psychiatry) becaus	se he came in on those drugs		,20			
documented, "Patie depression, psycho delusional/paranoid mood/depression	ent with problems of mood, osis, dementia, helpless, I with Continue Seroquel 25 mg (3)					
documented, "Proce Psycho-pharmacolo to treat the resident appropriate diagnos acceptable standard periodic review for of diagnosis and side of the goals of determines resident behavioral appropriate treatment and pharmacological acceptable standard monitor psychotropic through a multi-disce Residents receiving receive a psychoact quarterly. b. AIMS (Amovement scale is for tardive dyskinesing quarterly for resident medication. c. Resident monitored using a beautiful when behaviors are will complete a reviews tatus as part of the	edure: 1. pagic drugs will be ordered only t's medical condition with an sis in accordance with ds of practice, and include continued need, appropriate effects. 2. The facility supports ining the underlying cause of symptoms to determine the ent of non-pharmacological al interventions according to ds of practice. 3. Facility will ic drug use for adverse effects ciplinary approach. a. g psychoactive medication will tive medication evaluation AIMS - abnormal involuntary used as an assessment tool ia) ** will be conducted out receiving anti-psychotic dent with behaviors will be pehavior symptom flow record a present. d. Social Services ew of behaviors and mood a social services quarterly					
	PROVIDER OR SUPPLIER D NURSING AND REI SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa (psychiatry) becaus and wanted her inp The psychiatry cons documented, "Patie depression, psycho delusional/paranoid mood/depression =75 mg Q (every) H The facility policy, "I documented, "Proce Psycho-pharmacolo to treat the resident appropriate diagnos acceptable standard periodic review for of diagnosis and side of the goals of determ resident behavioral appropriate treatme and pharmacologica acceptable standard monitor psychotropi through a multi-disc Residents receiving receive a psychoact quarterly. b. AIMS (movement scale is for tardive dyskinesi quarterly for resident medication. c. Resid monitored using a b when behaviors are will complete a revie status as part of the review. 4. Drug Reg	OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495362	ABUILD TOP DEFICIENCIES OF CORRECTION (X1) PROVIDERSUPPLIER/CIA ABUILD 495362 B. WING PROVIDER OR SUPPLIER D NURSING AND REHABILITATION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 120 (psychiatry) because he came in on those drugs and wanted her input." The psychiatry consult dated, 9/4/15, documented, "Patient with problems of mood, depression, psychosis, dementia, helpless, delusional/paranoid with mood/depressionContinue Seroquel 25 mg (3) =75 mg Q (every) HS - psychosis." The facility policy, "Psychoactive Medications" documented, "Procedure: 1. Psycho-pharmacologic drugs will be ordered only to treat the resident's medical condition with an appropriate diagnosis in accordance with acceptable standards of practice, and include periodic review for continued need, appropriate diagnosis and side effects. 2. The facility supports the goals of determining the underlying cause of resident behavioral symptoms to determine the appropriate treatment of non-pharmacological and pharmacological interventions according to acceptable standards of practice. 3. Facility will monitor psychotropic drug use for adverse effects through a multi-disciplinary approach. a. Residents receiving psychoactive medication will receive a psychoactive medication evaluation quarterly. b. AIMS (AIMS - abnormal involuntary movement scale is used as an assessment tool for tardive dyskinesia) ** will be conducted quarterly for resident receiving anti-psychotic medication. c. Resident with behaviors will be monitored using a behavior symptom flow record when behaviors are present. d. Social Services will complete a review of behaviors and mood status as part of the social services quarterly review. 4. Drug Regimen reviews will be	A SUILDING LOOP DEFICIENCIES FOORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495362 B. WING STREET ON NURSING AND REHABILITATION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 120 F. 329 F. 329 Continued From page 120 F. 329 F. 329 Continued From page 120 F. 329 F. 329 Continued From page 120 F. 329 F. 329 F. 329 Continued From page 120 F. 329 F. 329 F. 329 Continued From page 120 F. 329 F. 329 F. 329 F. 329 Continued From page 120 F. 329 F. 32	OF DEFICIENCIES F CORRECTION (X1) PROVIDER SUPPLIER 495362 STREET ADDRESS, CITY, STATE, 21 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WISTER (EACH DEFICIENCY WISTER (EACH DEFICIENCY WISTER REGULATORY OR LSC IDENTIFYING NFORMATION) Continued From page 120 (psychiatry) because he came in on those drugs and wanted her input." 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unnecessary use, excessive doses or duration in

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Facility ID: VA0008

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CENTE!	RS FOR MEDICARE	E & MEDICAID SERVICES			(M APPROVED O. 0938-0391
STATEMENT	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		LE CONSTRUCTION	CMB NO. 093 (X3) DATE SUF	
I		495362	B. WING			1	C 0/08/2015
NAME OF	PROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		U/UU/ZU IJ
ASHLAN	ND NURSING AND RE	LARII ITATION	-	9	06 THOMPSON STREET		
	ID NOROMO AND INC.		1	Α	ASHLAND, VA 23005		
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F 329	Continued From pa	age 121	F3	129			
	•	able medical diagnosis		/10			
	according to standa	ard of practice.					
		will be communicated to the					
	0. 1	n with recommendations to minate drug usage as					
		minate drug usage as esidents with behaviors will be					
	reviewed weekly by	y the inter-disciplinary team to					
	identify patterns, tre	ends, causative factors, and					
		nimize or eliminate behaviors.					
		ctive medications may be lew. 7. Non-Pharmacological					
		e used to avoid using					
	psycho-pharmacolo	ogic drugs to the extent					
	possible. 8. Interdi	lisciplinary team should					
		se of the behavior and treat ove source of stimuli)."					
		and director of nursing were					
	made aware of thes p.m.	se findings on 10/8/15 at 2:01					
		ion was provided prior to exit.					
	*Quetiapine tablets	and extended-release					
	(long-acting) tablets	s are used to treat the					
		ophrenia (a mental illness that					
	interest in life, and	r unusual thinking, loss of strong or inappropriate					
	emotions). Quetiapi						
		ablets are also used alone or					•
		ons to treat episodes of mania					
		lly excited or irritated mood) or					
		nts with bipolar disorder					
		disorder; a disease that f depression, episodes of					
		bnormal moods). In addition,					

quetiapine tablets and extended-release tablets are used with other medications to prevent episodes of mania or depression in patients with bipolar disorder. Quetiapine extended-release

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		495362	B. WING	i		10/08/2015	
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F 329	tablets are also use medications to trea	ed along with other t depression. Quetiapine	F	329			
	program to treat bip schizophrenia in ch Quetiapine is in a catypical antipsychot activity of certain na This information wa http://www.nlm.nihds/a698019.html	ildren and teenagers. lass of medications called tics. It works by changing the atural substances in the brain. as obtained from the website: a.gov/medlineplus/druginfo/me					
F 334 SS=D	483.25(n) INFLUEN IMMUNIZATIONS	NZA AND PNEUMOCOCCAL	F;	334			
	that ensure that (i) Before offering the each resident, or the representative receibenefits and potenti immunization;	ives education regarding the ial side effects of the					
	annually, unless the contraindicated or the immunized during the (iii) The resident or representative has the immunization; and	per 1 through March 31 e immunization is medically he resident has already been his time period; the resident's legal the opportunity to refuse					
	documentation that following: (A) That the reside representative was the benefits and pot immunization; and (B) That the reside	nedical record includes indicates, at a minimum, the ent or resident's legal provided education regarding tential side effects of influenza ent elther received the tion or did not receive the					

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CENTERS FOR MEDICARE	& MEDICAID SERVICES		C	OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	495362	B. WING_		C 10/08/2015	
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND RE			STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005		
PRÉFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	

F 334 Continued From page 123 influenza immunization due to medical contraindications or refusal.

The facility must develop policies and procedures that ensure that --

- (i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;
- (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;
- (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and
- (iv) The resident's medical record includes documentation that indicated, at a minimum, the following:
- (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and
- (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.
- (v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.

F 334 (D):

- 1. Resident #6, documentation pertaining to immunization status related to pneumonia and influenza was completed and added to the clinical record.
- 2. Residents currently residing in the center have the potential to be affected. A review will be completed by the DCS/Designee to ensure that the clinical record for current residents reflect immunization status related to influenza and pneumonia.
- 3. Education has been provided by the DCS/Designee to the current Licensed Nurses regarding providing CDC education related to pneumonia and influenza vaccinations, obtaining consents for administration of pneumonia and influenza vaccinations, administration of pneumonia and influenza vaccinations, and documentation of pneumonia and

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTR		(X3) DAT	E SURVEY PLETED
		495362	B. WING				C 08/2015
NAME OF	PROVIDER OR SUPPLIER			STREET AD	DRESS, CITY, STATE, ZIP CODE	1 101	00/2013
ASHLAN	ID NURSING AND RE	HABILITATION		_	PSON STREET D, VA 23005		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	((E CRC	PROVIDER'S PLAN OF CORRECTIO ACH CORRECTIVE ACTION SHOULE DSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 334	by: Based on resident facility document rereview, it was deter failed to determine influenza and pneuresidents in the sur. The facility staff fail immunization status to offer pneumonia. The findings include Resident #6 was activated to a to a to a to a to a to a to a to	interview, staff interview, eview and clinical record mined that the facility staff immunization status and offer monia vaccines to one of 37 evey sample, Resident #6. ed to determine Resident #6's at her admission and failed and influenza vaccines to her. e: Imitted to the facility on recently readmitted on oses including, but not limited isease, chronic pain, major recent MDS (minimum data hange assessment dated 6 was coded as having no not for making daily decisions. requiring the extensive for bed mobility, dressing, ygiene and bathing. She was beeved the influenza vaccine season outside the facility. Not having been offered the	F 3	me imm the Receince vacadrium me DC revision (3) pne estadoc receithe with pne vacainel	duenza vaccinations in the dical record on both the munization record as well Medication Administration. The education will lude ensuring that pneum ecine status is determined mission and documented munization record in the dical record. The S/Designee will conduct iew of the medical record random residents per we months to ensure that eumo-vaccine status is ablished upon admission eumented on the immunization ord, education was provided the physicians orders for the formunia and/or influenzations. The review witude a review to ensure sent was obtained prior to	l as ion also no- upon on the a d for ek for and cation ded to nts ne	
	failed to reveal any	cal record for Resident #6 documentation regarding her s with respect to pneumonia			-		

On 10/7/15 at 2:30 p.m., LPN (licensed practical

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	····			OMB NO	. 0938-0391
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	····	495362	B. WING	·		i i	C / 08/2015
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F 334	locate the above-re records. She state record for her. I wa admitted]. I can't so offered to her." On 10/8/15 at 9:25 interviewed regardit vaccines offered by really don't remembers.	t manager, was asked to eferenced immunization status d: "There is no immunization asn't here [when she was ay either vaccine was ever a.m., Resident #6 was ng influenza and pneumonia y the facility. She stated: "! per one way or the other."	F	334	administration of the pneu and/or influenza vaccination documentation of administ of the pneumonia and/or the influenza vaccination on the immunization record as we the Medication Administration.	on, and stration he both the rell as	ė
	nurse) #16 was interprocess for determing vaccines to stated that she look discharge records of see what she can discharge records there, she see what the vaccines pneumonia vaccine She stated that if the she documents the and on an Immunization	p.m., LPN (licensed practical erviewed regarding the ining immunization status and a resident on admission. She as through the hospital of a newly-admitted resident to determine. If there are no stated that she provides the e party (RP) with education and gives the influenza and as if the resident/RP consents. The resident does not consent, a refusal in the nursing note reation Record form in the chart.			4. The results of the randor reviews will be discussed DCS/Designee at the QA Committee monthly for months. The committee recommend revisions to as indicated necessary to substantial compliance.	d by the API (3) will the plan	
	nurses regarding in stated that admitting hospital discharge pfacility's Immunization stated that if there at the hospital paperw interviewed. If no inadmitting nurse sho	p.m., LPN #11 was he process for admitting nmunization status. She g nurse should go through the paperwork, and fill out the ion Record accordingly. She are no records to be found in vork, the resident/RP is information is still available, the ould offer the consent and both the pneumonia and			5. 11/10/2015		

influenza vaccines, and proceed according to the

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					6 THOMPSON STREET		
ASHLAN	ID NURSING AND REI	HABILITATION					
		WARRY 18 1		ΑĢ	SHLAND, VA 23005		
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F 334	Continued From pa	ane 126	= 5	334			
•			F)J 4			
		es. She stated that all of this umented in the nurses' notes.					
	On 10/8/15 at 2:50	p.m., ASM (administrative					
		nistrator, and ASM #2, the					
	director of nursing,	were informed of these					
		regarding immunizations on					
	admission were req	juested.					
	A review of the com	prehensive care plan for					
		4/1/14 and updated 7/10/15					
		ertinent to these findings.					
	Vaccines" revealed, "Residents admitted opportunity to receive per physician's order	lity policy entitled "Pneumonia, in part, the following: d to the facility will be given the ve the pneumococcal vaccine er. Residents will be asked if either of the pneumonia					
	V400,1,00.						
F 428		ion was provided prior to exit. EGIMEN REVIEW, REPORT ON	F4	28			
		of each resident must be nce a month by a licensed					
	the attending physic	st report any irregularities to cian, and the director of reports must be acted upon.			,		
	This REQUIREMEN	JT is not met as evidenced					

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CENTER	S FUN MEDICARE	A MEDICAID SERVICES			MB NO. 0938-0391	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495362	B. WING		C 10/08/2015	
NAME OF PE	ROVIDER OR SUPPLIER		STI	REET ADDRESS, CITY, STATE, ZIP CODE	1,	
ASHLAND	NURSING AND RE	HABILITATION	906	THOMPSON STREET HLAND, VA 23005		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION	
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F 428 Continued From page 127

by

Based on staff interview and clinical record review, it was determined that the facility staff failed to act upon a pharmacy regimen review for one of 37 residents in the survey sample, Resident #12.

A. Resident #12's Seroquel dosage was decreased from 100 mg (milligrams) to 25 mg, (a dose reduction of 75%); during the month of March 2015 when staff failed to ensure a recapitulation of Resident #12's monthly orders was completed. There was no documented physician order for Resident #12's dose reduction and was not identified during the March 2015 Pharmacy Medication Regimen Review (MRR).

B. Resident #12's June 2015 Pharmacy Medication Regimen Review (MRR), recommendation for a gradual dose reduction was not acted upon for Resident #12 as evidenced by no signatures of the doctor or director of nursing.

The findings include:

A. Resident #12's Seroquel dosage was decreased from 100 mg (milligrams) to 25 mg, (a dose reduction of 75%); during the month of March 2015 when staff failed to ensure a recapitulation of Resident #12's monthly orders was completed. There was no documented physician order for Resident #12's dose reduction and was not identified during the March 2015 Pharmacy Medication Regimen Review (MRR).

Resident #12 was admitted to the facility on 2/13/12 with diagnoses that included but were not limited to: depression, prostate cancer, atrial

F 428 <u>F428</u> (D):

- Resident #12, the Physician was contacted and the order for Seroquel has been clarified. The Responsible Party has been notified.
- 2. Residents currently residing in the center with physician's orders for antipsychotic medications have the potential to be affected. A review has been completed by the DCS/Designee for the past 30 days to ensure that pharmacy regimen recommendations have been reviewed by the Physician and the DCS and have been addressed.

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CENTERS	FOR MEDICARE	& MEDICAID SERVICES		O	MB NO. 0938-0391	
STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	COLUCTOLICATION	(X3) DATE SURVEY COMPLETED	
		495362	B. WING		C 10/08/2015	
NAME OF PRO	VIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
ASHLAND N	IURSING AND RE	HABILITATION	1 .	6 THOMPSON STREET SHLAND, VA 23005		
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F 428 Continued From page 128

fibrillation, osteoarthritis, psychosis, dementia, post traumatic stress disorder, anemia, high blood pressure, dysphagia and chronic obstructive pulmonary disease.

The most recent MDS assessment, a quarterly assessment, with an ARD of 9/25/15, coded the resident as being severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance of one to two staff members for all of his activities of daily living.

The January 2015 POS (physician order summary) documented: "Quetiapine (Seroquel) (an antipsychotic medication*) 25 MG (milligrams) tablet; 1 tablet by mouth every morning for dementia with psychosis/delusions." This was scheduled for 9:00 a.m. "Quetiapine 25 mg tablet; 2 tablets (50 mg) by mouth at bedtime for dementia with psychosis/delusions." This was scheduled for 9:00 p.m.

"Quetiapine 25 mg tablet; 1 by mouth daily at 2:00 p.m. for dementia with psychosis /delusions." This was scheduled for 2:00 p.m.

The January 2015 MAR (medication administration record) documented the resident received the above medications as ordered. Resident #12 received a total of 100 mg per day of Seroquel.

The February 2015 POS documented: "Quetiapine 25 mg tablet; 1 tablet by mouth every day for dementia with psychosis." This was scheduled for 2:00 p.m. This was signed by the nurse on 1/28/15 that it was reviewed for accuracy.

F 428

- 3. Staff Development/designee has provided education to Licensed Staff regarding prompt processing and resolution of Pharmacy Medication Regimen Review (MRR). The DCS/Designee will review Pharmacy MRR's for (5) residents weekly for (3) months to ensure timely and appropriate resolution.
- 4. Results of the reviews will be discussed by the DCS/Designee at the Quality Assurance Performance Improvement Committee Meeting monthly for (3) months. The committee will recommend revisions to the plan as indicated necessary to sustain substantial compliance.
- 5. 11/10/2015

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	<u> </u>
		495362			C 10/08/2015	5
	ROVIDER OR SUPPLIER NURSING AND RE	HABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005		<u></u>
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F 428	Continued From pa	age 129	E 40	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*

A telephone order dated, 2/4/15, documented. "Clarification of Seroquel, Give 25 mg PO (by mouth) @ (at) 9 a.m., 25 mg PO @ 2 p.m. (hold if sedated) at 9 PM 50 mg PO."

The February 2015 MAR documented. "Quetiapine 25 mg tablet; 1 tab (tablet) by mouth every day for dementia with psychosis." This was scheduled for 2:00 p.m. Starting on 2/5/15, this MAR documented, "Seroquel 25 mg PO Q (every) AM psychosis." This was scheduled for 9:00 a.m. Seroquel 50 mg PO Q HS (hours of sleep) psychosis." This was scheduled for 9:00 p.m. Again, after 2/4/15, the resident was receiving a total of 100 mg per day of Seroquel.

The March 2015 POS documented: "Quetiapine 25 mg tablet; 1 tab (tablet) by mouth every day for dementia with psychosis." This was scheduled for 2:00 p.m. There were no other orders documented on the POS for additional Seroquel. This POS was not signed by a nurse having had reviewed the medications at the end of the month change over. The physician signed the POS on 3/4/15.

The March 2015 MAR documented: "Quetiapine 25 mg tablet; 1 tab (tablet) by mouth every day for dementia with psychosis." This was scheduled for 2:00 p.m. No other Seroquel was documented as administered.

The clinical record did not document any physician telephone orders between 2/12/15 and 4/4/15. There was no documented physician order for Resident #12 to have a dose reduction in Quetiapine during the month of February or March 2015.

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CENTE	RS FOR MEDICARE	E & MEDICAID SERVICES			(M APPROVED <u>). 0938-03</u> 91
STATEMEN	IT OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) OA	TE SURVEY
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	TO NONO MIC NE	TABILITATION	1	A	SHLAND, VA 23005		
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F 428	Continued From pa	age 130	□	428			
• -=-		ne, July August, September,	Г'	1 ∠0			
	and October 2015	POSs and MARs documented					
	the resident as rece	eiving Quetiapine 25 mg tablet;	, 1				
	1 tab (tablet) by mo	outh every day for dementia					
	with psychosts. This	is was scheduled for 2:00 p.m.					
	Review of Residen	t #12's Pharmacy Medication					
	Regimen Review (MRR), revealed there were no					
	pharmacy recomme	endations for the months of					
	March, April and Ma	ay 2015. In June 2015 a					
	gradual dose reduc	ction was requested for the use					
	of Quetiapine (Que	tiapine 25 mg tablet).					
	documented, "Probi psychoactive medic Interventions" docu ordered. Non-drug behavioral symptom reduction attempts p	e care plan dated, 7/2/15, plem: Behavior Mood - cation." The "Approaches & mented in part, Medication as interventions. Monitor as and side effects. Dose per evaluation if clinically emedication use and equarterly."					
:	practical nurse) #8 oregarding the procesorders at the end of #8 stated, "The unit do the changeover. months POS and arcome in during the MARs and TARs (tree	onducted with LPN (licensed on 10/8/15 at 11:33 a.m. ass for the recapitulation of the month change over. LPN to managers or selected nurses. They compare the last ny telephone orders that have month and update the POS, reatment administration.					

second check when the change out the MARs on the last day of the month/first day of the month." The POS for February and March 2015 were reviewed with LPN #8. When asked what the blank under the box, "MEDS (medications) REVIEWED BY" was indicative of, LPN #8 stated,

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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į.	ROVIDER OR SUPPLIER NURSING AND RE		90	TREET ADDRESS, CITY, STATE, ZIP COD 06 THOMPSON STREET SHLAND, VA 23005			
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"Someone forgot to sign or it wasn't reviewed."

An interview was conducted with administrative staff member (ASM) #4, the nurse practitioner, on 10/8/15 at 11:53 a.m. When asked if Seroquel is a drug that can be stopped suddenly, ASM #4 stated, "No, it should be tapered down." When asked if a resident's dose should be cut by 75%. ASM #4 stated, "No, that is not a preferred reduction." When asked what symptoms would present if a resident's Seroquel dose was decreased by 75% from their usual dose. ASM #4 stated, "There would be a dramatic change in mood, affect, insomnia and agitation." The above dose reduction from the error in the monthly changeover was shared with ASM #4. ASM #4 stated, "Well, this explains a lot. He was doing so well before and we have seen an increase in his behaviors." When asked if she personally saw his behaviors, ASM #4 stated, "Yes, I have sat here (at nurse's station) and watched him fight with another resident."

An interview was conducted with other staff member (OSM) #22, the pharmacist, on 10/8/15 at 1:29 p.m. When asked if Seroquel can be stopped, OSM #22 stated, "It's not black and white but usually it is seen tapered." When asked if it's acceptable to go from 100 mg per day to 25 mg per day, OSM #22 stated, "Again, it's not black and white but the suggested way is to taper the dose to the most effective dose to treat what is being treated." When asked if there is any harm to the resident when a dose is dropped by 75%, OSM #22 stated, "No real harm but you need to protect them from rebound in their behaviors." OSM #22 was informed of the dose reduction for Resident #12 as documented above. OSM #22 was asked if there was any

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F 428	discrepancy identifi pharmacy related to reduction revealed additional informatic pharmacist prior to An interview was conursing (DON) on 1 asked to explain the orders at the end of "Normally the unit more change over checks to help out with that checks the unit marthem too." When as medication review she review, the DON at the bottom for the nurse." The POS for were reviewed with the reduction of the shared at this time. The administrator at made aware of the a 2:01 p.m. A request the recapitulation of on following physicial A copy of all Behaviores.	ed or documented in the of the orders and the dose to him. No call back or on was received from the	F	428			
	The "Behavior Symp Records" for Januar	otom Monitoring Flow y, February and March 2015 documented "Behavior" for					

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January documented, "A. Delusional. B. Refusing Care. C. Yelling Out." There were no documented behaviors for January. The February "Behavior

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F 428	the resident's beharmanned behaviors Care. B. Screaming Uncooperative." The times the resident edocumented behaviors the facility could not sheets for April and The administrative above findings on 1 No further informati B. Resident #12's J. Medication Regime recommendation for was not acted upon evidenced by no signification of the June 2 dated, 6/13/15, was documented, "(Residented, "(Resi	ang Flow Record" documented viors as: A. Refusing Care. B. Dut. C. Uncooperative." There are behaviors for the month of the Behavior Symptom are cord" documented the seas the following: A. Refusing g. C. Yelling. D. ere were five documented exhibited two or more of the iors during March. Dut provide behavior monitoring May of 2015. Iteam was made aware of the 0/7/15 at 6:14 p.m. In was provided prior to exit. In a gradual dose reduction for Resident #12 as gratures of the doctor or cal record was conducted on the past year were requested. 2015, MMR for Resident #12,	F	128				

director of nursing.

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		495362	B. WING		1	C 0/08/2015
NAME OF	PROVIOER OR SUPPLIER		<u>' </u>	STREET AOORESS, CITY, STATE, ZIP COO		0/00/2013
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F 428	Continued From pa	ıge 134	F 42	8		
	practical nurse) #6 Resident #12's MRI with LPN #6. LPN # MMR recommendated to se reduction for F	onducted with LPN (licensed on 10/7/15 at 4:16 p.m., and tR for June 2015 was reviewed #6 was then asked if it the ation for "considering a gradual Resident #12" had been 6 stated, "It's not signed, and it				
	nursing (DON) ASM member) #2, on 10/ asked what happen for June, the DON s ASM #2 was then as taken for a recomme #2 (the DON) stated	onducted with the director of M (administrative staff 1/7/15 at 4:50 p.m. When ned with Resident #12's MRR stated, "It wasn't acted upon." asked when action should be nendation on the MRRs. ASM d, "Once we receive them at we should get them taken vsicians."				
	above findings on 10	team was made aware of the 0/7/15 at 6:14 p.m.				
	483.65 INFECTION SPREAD, LINENS	I CONTROL, PREVENT	F 441	1		
	Infection Control Pro safe, sanitary and co	tablish and maintain an ogram designed to provide a comfortable environment and development and transmission				

of disease and infection.

Program under which it -

(a) Infection Control Program
The facility must establish an Infection Control

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CENTE	RS FOR MEDICAR	E & MEDICAID SERVICES			OMB N	IO. 0938-0391
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		495362	B. WING		_ ,	C 10/08/2015
	PROVIDER OR SUPPLIER ND NURSING AND RE			STREET AODRESS, CITY, ST 906 THOMPSON STREET ASHLAND, VA 23005	TATE, ZIP CODE	10/00/20 10
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PL X (EACH CORRECTI CROSS-REFERENCE	AN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	IX5I COMPLETION DATE
F 441	in the facility; (2) Decides what pushould be applied to (3) Maintains a reconstructions related to in (b) Preventing Spre (1) When the Infect determines that a reprevent the spread isolate the resident. (2) The facility must communicable dise from direct contact direct contact will trace (3) The facility must hands after each dishand washing is indeprofessional practic. (c) Linens Personnel must har	entrols, and prevents infections brocedures, such as isolation, to an individual resident; and ord of incidents and corrective infections. Bead of Infection to control Program resident needs isolation to of infection, the facility must be the prohibit employees with a rease or infected skin lesions with residents or their food, if the require staff to wash their irect resident contact for which dicated by accepted	F4	.41		
	by: Based on observati document review ar investigation it was a staff failed to follow three of 37 residents Residents # 8, 11 ar	NT is not met as evidenced tion, staff interview, facility and in the course of a complaint determined that the facility infection control practices for its in the survey sample, and 7 and failed to implement actices in the laundry room.				

1. The facility staff failed to store nebulizer

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				0	FORM APPROVEI <u>1088-038 NO. 0938</u>
STATEMENT OF DEFICIENCIES AND PLAN DF CORRECTION (X1) PROVIDER/SUPPLIFICATION NL		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			CTION	(X3) DATE SURVEY COMPLETED
		495362	B. WING	<u> </u>			C 10/08/2015
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION				906 T	HOMPS	RESS, CITY, STATE, ZIP CDDE SON STREET VA 23005	19/30/2010
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F 441		mask) in a manner to prevent	F 44		<u>441 (</u>	E):	
	 The facility staff failed to maintain Resident #11's Geri chair armrest free from torn areas, exposing cloth and foam that was unable to be sanitized. 				1.	Resident #8, the nebul mask was corrected. F Resident #11, the geri	or
	3. The facility staff f	ailed to maintain infection during a dressing change for				was repaired. Residen	

4. The facility staff failed to prevent a dirty fan from blowing on clean clothes in the facility laundry room.

The findings include:

Resident #7.

1. The facility staff failed to store nebulizer equipment (aerosol mask) in a manner to prevent infection for Resident #8.

Resident #8 was admitted to the facility on 4/4/15 and readmitted on 8/17/15 with diagnoses that included but were not limited to cerebral palsy, oropharygeal dysphagia (difficulty swallowing) with peg tube placement (percutaneous endoscopic gastrostomy tube placement, or PEG^), osteoarthritis, quadriplegia, neurogenic bladder (uncontrollable bladder due to central nervous system dysfunction) and chronic pain syndrome. Resident #8's most recent MDS (minimum data set) was a quarterly review assessment with an ARD (assessment reference date) of 9/29/15. Resident #8 was coded as being moderately cognitively impaired in the ability to make daily life decisions scoring 11 out

- wound has healed and there was no adverse effect. The fan was removed from laundry room.
- 2. Residents currently residing in the center have the potential to be affected. Environmental rounds/observations have been conducted for residents with physician's orders for nebulizer's, for residents in wheelchairs and geri-chairs, and in the laundry room to identify further infection control concerns.

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NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION				906	THOMP	RESS, CITY, STATE, ZIP CODE SON STREET , VA 23005			
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	of Sta de ea	atus). Resident # pendence on sta ting, toileting, and	ge 137 Brief Interview for Mental 8 was coded as requiring total ff with transfers, dressing, d personal hygiene. p.m., initial tour was	F 4	41	3.	The Staff Development Coordinator/Designeed provided education to employees regarding in control procedures in	e has current infection	
l	Qr.	1 10/0/13 at 1:50	p.m., miliai tour was				r = 0 1 0 cm of m	acp cors	

mask was lying face down on the table with no equipment bag. The nebulizer mask was labeled "9/23" indicating the mask had not been changed in 13 days.

On 10/6/15 at 5:15 p.m., Resident #8's room was

conducted. At 2 p.m., Resident #8's room was observed. A nebulizer machine and tubing was

observed on the bedside table. The nebulizer

On 10/6/15 at 5:15 p.m., Resident #8's room was observed. The nebulizer mask dated "9/23" was lying face down on the bedside table with no equipment bag.

On 10/7/15 at 8:23 a.m., Resident #8's room was observed. The nebulizer mask was dated "10/7" and was stored in an equipment bag.

Review of Resident #8's most recently signed physician order sheet dated 9/30/15 revealed the following active orders:

"Albuterol Sulfate 30's, U-D (unit dose), P/F 2.5 mg (milligram)/3ml (milliliter) via-neb...Inhale 1 unit dose via nebulizer every 6 hours as needed for shortness of breath/wheezing.*

"Ipratropium-albuterol UD (unit dose) 0.5-3MG/3 Ampul-NEB (nebulizer) ...every 6 hours as needed for shortness of breath/wheezing." *

Review of the September 2015 and October 2015 MAR revealed that Resident #8 had not received a nebulizer treatment between 9/23 and 10/7/15.

of care including storing nebulizers appropriately in an equipment bag and changing the tubing and the mask in a timely fashion. The employee education also included: A) identification of ripped or torn equipment that cannot be sanitized and the process for reporting these types of concerns, B) ensuring that infection control practices are maintained during treatment administration including sanitizing scissors prior to and after each treatment administration, C)maintaining clean linens and preventing soiled or contaminated items from coming into contact with clean linens including a dirty

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F 441	conducted with LPN 3, the nurse who wa asked how often ne changed she stated Night shift usually dithe above concernates above concernates and an above concernates are companied in the nebulizer's ever PRN (as needed)." receive PRN nebulice equipment cleaning would try to find a pequipment. According to the fact "An equipment charschedule for changing regular intervals as recommendations as a standards." According to facility Change Schedule, "Change Schedule," changed, "Once, every equipment bag laber room number." On 10-7-15 at p.m., aware of the above information was pre-	of a.m., an interview was as on shift 10/6/15. When as on shift 10/6/15. When also on shift 10/6/15. When also on shift 10/6/15. When also on shift 10/6/15. When also on the stated, "I think maybe twice a week oes that." When informed of and findings about Resident of and findings about Resident of and findings about Resident of and findings about Resident of and findings about Resident of and she stated, "I think that control issue if he was getting y day. He only gets Nebs When asked if Resident's who was are excluded from the schedule she stated she olicy on changing nebulizer set with a schedule provides a ng disposable equipment at determined by manufacturers and local community policy titled, "Equipment nebulizer set up should be ery (7) days along with led with name, date, and		41	fan. Random weekly environmental rounds/observations conducted by the Administrator/Design times per week for (3 to identify infection concerns including the appropriate storage on abulizers in an equipage, identification of ripped equipment the unable to be appropriated, ensuring the infection control practical maintained during treatment administration includes an after treatment administration, and to concerns regarding contamination of clean linen.	will be nee(s) (5 8) month control ne of pment torn or at is iately nat ctices are eatment ding prior to o identif an linen	·y to	
	bacteria. Pseudomo the organism involve	system may be a source of conas aeruginosa is frequently ed. Oxygen delivery cannulas and masks can also						

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	RDVIDER OR SUPPLIER NURSING AND RE	HABILITATION		ş	906 T	HOMPS	RESS, CITY, STATE, ZIP CODE SON STREET	1 101	08/2015
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	L. (2002) Medical S Thinking for Collabi (p.492) Philadelphia Saunders Company In "Fundamentals of Patricia A. Potter ar Inc; Page 648. "Bo Health Care-Assoc Respiratory Tract therapy equipment. *According to Davis edition: Albuterol Sulfate is prevent reversible a asthma or COPD (O Pulmonary Disease Ipratropium-albutero therapy of reversible COPD, including che emphysema. p. 696 ^ This information we https://www.nlm.nih tations/100125_5.ht 2. The facility staff f #11's Geri chair arm exposing cloth and sanitized. Resident #11 was a 5/2/13 with diagnose	(Ignatavicius, D. & Workman, Burgical Nursing, Critical prative Care, 4thedition. a, Pennsylvania: W. B. y.) If Nursing" 7th edition, 2009: and Anne Griffin Perry: Mosby, x 34-2 Sites for and Causes of lated Infections under Contaminated respiratory " Is Drug Guide For Nurses, 11th used as a bronchodilator to airway obstruction caused by Chronic Obstructive (a). p.120 It is used as maintenance a airway obstruction due to ronic bronchitis and yas obtained from the website: gov/medlineplus/ency/presen	F 4	141	2	1.	Results of the random rounds/observations we discussed by the Administrator/DCS/D at the Quality Assurant Performance Improved Committee Meeting of for (3) months. The convill recommend revision the plan as indicated in the sustain substantial compliance. 11/10/15	esigneence ment nonthly mitte	e

convulsions. Resident #11's most recent MDS

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CENTE	RS FOR MEDICARE	E & MEDICAID SERVICES				M APPROVE[O. 0938-0391	
STATEMEN	IT OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL A. BUILO	TIPLE CONSTRUCTION DING	(X3) OA	ATE SURVEY OMPLETEO	
		495362	B. WING		1	C 0/08/2015	
NAME OF	PROVIOER OR SUPPLIER		,	STREET AOORESS, CITY, STATE, ZIP COOE		0/00/2010	
ASHLAN	ND NURSING AND RE	HABILITATION		906 THOMPSON STREET ASHLAND, VA 23005			
(X4) IO PREFIX TAG	(EACH OEFICIENC)	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL LSC IOENTIFYING INFORMATION)	IO PREFII TAG	(= :=:::==:::==:::==:::=:::=:::=:::=:::=	OULO BE	(X5) COMPLETION DATE	
F 441	Continued From pa	age 140	F4				
	an ARD (assessme coded the resident's decision making as coded Resident #11	t), a quarterly assessment with ent reference date) of 7/12/15, 's cognitive skills for daily is severely impaired. Section G 1 as being totally dependent ransfers, locomotion, dressing					
	observed in a Geri of torn areas (with clot observed on the rig The first area was a one inch wide. The	p.m., Resident #11 was chair in the bedroom. Two oth and foam exposed) were ght armrest of the Geri chair. approximately one inch long by a second area was and a half feet long by two					
	conducted with CNA #8 When asked the equipment such as are in good repair, 0	p.m., an interview was A (certified nursing assistant) e facility process for ensuring wheelchair and Geri chairs CNA #8 stated, "If we see rm maintenance and they fix				4	
	On 10/7/15 at 4:40 Resident #11's Geri	p.m., CNA #8 was shown i chair armrest. CNA #8					

On 10/7/15 at 5:29 p.m., an interview was conducted with OSM (other staff member) #9, the director of maintenance. OSM #9 stated his department power washes wheelchairs and Geri chairs once a week. OSM #9 stated the

stated the armrest should be like the other

wheelchairs and Geri chairs on wing one (Resident #11's wing) are washed every Monday.

On 10/7/15 at 5:55 p.m., another interview was

armrest.

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		& MEDICAID SERVICES			OMB NO. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
		495362	B. WING		C 10/09/204 F
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	10/08/2015
ASHLAI	ND NURSING AND RE	HABILITATION		906 THOMPSON STREET	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT DF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	ASHLAND, VA 23005 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
F 441	conducted with OSI assistant put some took the chairs to the previous Friday (10 wasn't aware of any needed a new Gerl On 10/7/15 at 6:00 conducted with OSI rehabilitation. OSM recently made awarnew Gerl chair. OS come to him regard armrests. On 10/7/15 at 6:35 staff member) #1, the of nursing were made findings. ASM #1 we torn wheelchair and from contamination "I don't know." The facility policy titt Committee" docume infection Control Con	M #9. OSM #9 stated his new Geri chairs together and the therapy department on the /2/15). OSM #9 stated he particular resident that	F 4	41	

FORM CMS-2567(02-99) Previous Versions Disolete

Resident #7.

of infection..."

the facility. Procedure: 2. The objectives of the

No further information was presented prior to exit.

3. The facility staff failed to maintain infection control procedures during a dressing change for

ICC will be to: b. Establish an effective facility-wide infection control program that includes the following elements: xiii. Handling, storing, processing and transporting linens, supplies and equipment that prevent the spread

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Facility ID: VA0008

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
	STATEMENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER/C IOENTIFICATION NUMBE		(X2) MUL A. BUILOI	JLTIPLE CONSTRUCTION	(X3) OATE SURVEY COMPLETEO
		495362	B. WING	G	C 10/08/2015
NAME OF	PROVIOER OR SUPPLIER		<u> </u>	STREET AOORESS, CITY, STATE, ZIP COOE	1 10/00/2013
ASHLA	ND NURSING AND RE			906 THOMPSON STREET ASHLAND, VA 23005	
(X4) IO PREFIX TAG	(EACH OEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFI) TAG	FIX (EACH CORRECTIVE ACTION SHOUL	OBE COMPLETION
F 441	Resident #7 was ac 11/18/14 with diagram not limited to: press amputation, diabete and high blood press. The most recent MI assessment, a quarresident as scoring interview for mental resident was cognitive decisions. The resident was cognitive assistance and personal hygier dependent of one statement was coded pressure ulcer. Observation was manurse) #7, the wound #7's wound care on was gathering her statement. Sher pocket and cut to the statement was accorded to the statement was gathering her statement.	imitted to the facility on oses that included but were ure ulcer, above the knees, hyperlipidemia, dementia,	F 4	441	

scissors.

LPN #7 proceeded to perform the dressing change. She applied the calcium alginate dressing directly on the wound bed. She then

At 1:50 p.m. LPN #7 was asked what contents were in her pocket with her scissors, LPN #7 showed the pens, markers and scissors. When asked if she cleaned the scissors prior to cutting the dressing, LPN #7 stated, "I can't remember when I used my scissors last. Nope, I didn't clean

applied a dry sterile dressing.

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CENTE	ERS FOR MEDICARI	E & MEDICAID SERVICES				FOR MR MI	M APPROVED 0. 0938-039
STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		CONSTRUCTION	(X3) D/	O. 0938-0391 ATE SURVEY OMPLETEO
		495362	B. WING			1	C 0/08/2015
]	PROVIDER OR SUPPLIER ND NURSING AND RE			900	REET ADORESS, CITY, STATE, ZIP CODE 6 THOMPSON STREET SHLAND, VA 23005	1	<u>0/06/20 [5</u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 441	Continued From pa them prior to using	_	F 4	41		<u></u>	
	(administrative staff nursing (DON) on 1 asked if a nurse is the dressing, are there implmented, ASM # scissors should be using them." The awas shared with AS asked if the dressin informed that the dressin informed that the dressin informed. The facility policy, "I reviewed. The policity cleaning of scissors in a study conducter."	fonducted with the ASM ff member) #2, director of 10/7/15 at 2:41 p.m. When using scissors to cut a e any steps that should be #2, (the DON) stated, "First the cleaned with alcohol prior to above observation and concern SM #2 (the DON). ASM #2 ng touched the wound and was dressing cut by LPN #7, was e that was applied directly to "Dressing Change" was cy did not address the sprior to a dressing change.					
:	related Infections in showed that ordinar patients sick. In one study, a resenurses and physicial well as communal stand tables. Three-quinicroorganisms, including aureus, Groups A argram-negative bacill if health care worker alcohol after each us the risk of transmiss study, contaminated	an Atlanta Georgia, March 2000 ry items can make your earcher gathered scissors that ans kept in their pockets, as scissors left on dressing carts quarters of the scissors carried cluding Staphylococcus and lli. The solution is quite simple. Lers swab the scissors with use, they will virtually eliminate sion of microorganisms. In the d scissors were effectively abbing the scissors with		. Man .			

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alcohol. Reference:

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					0938-0391
STATEMENT	T OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL		CONSTRUCTION	(X3) OATE	SURVEY PLETEO
		495362	B. WING			10/0	D8/2015
	PROVIOER OR SUPPLIER ID NURSING AND REI	HABILITATION		906 T	EET AOORESS, CITY, STATE, ZIP COOE THOMPSON STREET ILAND, VA 23005		
(X4) IO PREFIX TAG	(EACH OEFICIENC)	TEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFIX TAG	Χ	PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCEO TO THE APPROPOSED (CROSS)	O BE	(X5) COMPLETION DATE
F 44 1	Embil JM, Dyck B, I potential source of a Presented at the 4th Conference on Nos Healthcare-Associa 8, 2000.	McLeod J, et al. Scissors as a nosocomial infection? h Decennial International socomial and ated Infections. Atlanta; March	F 4	41			
	*Highly absorbent, but dressings are derived been successfully a variety of secreting is achieved via stror. This limits wound set bacterial contaminar a wound are readily. Alginate dressings moist microenvironment the formation of can be rinsed away removal of the dress healing granulation to changes virtually pavery useful for mode wounds http://www.worldwidenates-FAQ/alginates.	on was provided prior to exit. Diodegradable alginate and from seaweed. They have applied to cleanse a wide lesions. The high absorptioning hydrophilic gel formation accretions and minimizes tion. Alginate fibres trapped in biodegraded. The maintain a physiologically ment that promotes healing a figranulation tissue. Alginates with saline irrigation, so sing does not interfere with tissue. This makes dressing inless. Alginate dressings are erate to heavily exudating					
	laundry room. An observation of the	e facility laundry room on					

10/7/15 at 1:00 p.m. revealed a floor drying fan with the discharge vent elevated off the floor blowing onto a rack of uncovered hanging clean

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DELWU	INENI OF HEALIT	AND HUMAN SERVICES				ΕO	DAM ADDROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB I	RM APPROVED NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			DATE SURVEY COMPLETED
		495362	B. WING	i			С
NAME OF	PROVIDER OR SUPPLIER		1		EET ADDRESS OFF STATE SIZE OF STATE		10/08/2015
					EET ADDRESS, CITY, STATE, ZIP CODE		
ASHLAN	D NURSING AND RE	HABILITATION			THOMPSON STREET		
	0.0000000000000000000000000000000000000			Aor	ILAND, VA 23005		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN DF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 441	Continued From pa	nge 145	_				
		view of the fan revealed the	F 4	141			
		ed with dirt and dust and the					
		taining dirt and dust.					
	•	3 and and acou					
	An observation of the	ne facility laundry room on					
		. revealed a floor drying fan					
		vent elevated off the floor					
	clothes Further rev	of uncovered hanging clean view of the fan revealed the			·		
	intake vents covere	d with dirt and dust and the					
	discharge vent cont	aining dirt and dust.					
	10/7/15 at 2:30 p.m with the discharge v blowing onto a rack clothes. Further rev	ne facility laundry room on . revealed a floor drying fan vent elevated off the floor of uncovered hanging clean view of the fan revealed the d with dirt and dust and the aining dirt and dust.					
	observation of the faconducted with OSM manager. When sh blowing on the rack stated, "It should no clean clothes." OSM	eximately 10:05 a.m. an acility laundry room was M # 10 housekeeping district own the fan that had been of clean clothes, OSM # 10 t be blowing directly on the M # 10 acknowledged that the e vents on the fan were dust.					
		eximately11:30 a.m., the nade aware of the above		•			

COMPLAINT DEFICIENCY F 502 483.75(j)(1) ADMINISTRATION

No further information was presented prior to exit.

SS=D

F 502

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findings.

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i		& MEDICAID SERVICES			C	MB NO. 0938-0391
	OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:			PLE CONSTRUCTION G	(X3) OATE SURVEY COMPLETEO
		495362	B. WING	<u>} _</u>		C 10/08/2015
NAME OF	PROVIOER OR SUPPLIER				STREET AODRESS, CITY, STATE, ZIP COOE	1 11.00.2010
ASHLAN	ID NURSING AND RE	HABILITATION		1	906 THOMPSON STREET ASHLAND, VA 23005	
(X4) IO PREFIX TAG	(EACH OEFICIENCY	TEMENT OF OEFICIENCIES / MUST BE PRECEOED BY FULL SC IOENTIFYING INFORMATION)	IO PREFI TAG	ΊX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCEO TO THE APPROPROFICIENCY)	D BE COMPLETION
F 502	services to meet the	ge 146 ovide or obtain laboratory e needs of its residents. The e for the quality and timeliness	F	502	F 502 (D):	
	by: Based on staff inter and clinical record in the facility staff failed per the physician or the survey sample, The physician order panel)* on 7/2/15 to (7/6/15) and on 7/6/BMP to be done Friebe found in the clinic The findings include Resident #12 was a 2/13/12 with diagnoslimited to: depression	red a BMP (basic metabolic be done on "Monday," '15, the physician ordered a day 7-10-15. No results could cal record.			 Resident #12, the B Panel (BMP) for 7/6 signed and placed in Responsible Party a Physician have been that the 7/2/15 and were not completed no adverse effects f #12. A review of resident ordered in the last 3 been completed by DCS/Designee to enhave been obtained 	of/15 was a chart. The and the a made aware 7/10/15 BMP There were for Resident ats with labs days has the assure that labs

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post traumatic stress disorder, anemia, high blood pressure, dysphagia and chronic obstructive pulmonary disease.

The most recent MDS (minimum data set), a quarterly assessment, with an ARD (assessment reference date) of 9/25/15, coded Resident #12 as being severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance of one to two staff members for all of his activities of daily living.

The physician order dated, 7/2/15, documented,

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physician's order.

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STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONS	STRUCTION	(X3) DATE SURVEY COMPLETED
		495362	B. WING			C 10/08/2015
NAME OF	PROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE	10/00/2013
ASHLAN	D NURSING AND RE				DMPSON STREET ND, VA 23005	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	I D BE COMPLETION
F 502	"BMP - Friday 7-10." Review of the clinic results of the tests was reviewed to the tests of the	al record did not reveal the ordered. al record did not reveal the ordered. a care plan dated, 9/15/14, lem: Nutrition/Hydration." The rventions" documented in onitor lab/diagnostic work as sults to MD (medical doctor) dicated." awed with LPN (licensed on 10/7/15. A copy of the equested. by meeting on 10/7/15 at 6:14 est results were again aximately 10:30 a.m. an acted with LPN #6, regarding sining laboratory tests ordered PN #8 stated, "The nurse fills by) book. The labs are drawn. Once the results come back se practitloner is notified." aff assures the ordered tests in #8 stated, "The nurse is to book each day." Inducted with LPN #11, the	F 5	4	3. The Staff Developmer Coordinator/Designee provided education to employed Licensed St regarding obtaining lai ordered by the physici DCS/Designee will rar review the physician's (5) residents weekly for months to ensure labs obtained per the physician and the results are presented are cord. Results of the random reviews will be discuss DCS/Designee at the CAssurance Performance Improvement Committed monthly for (3) months committee will recommittee will recommittee will recommittee will recommittee will recommit to sustain sufficients.	has currently aff bs as an. The ndomly orders for or (3) have been cian's order sent on the weekly sed by the Quality e see Meeting s. The nend indicated
	unit manager, on 10	nducted with LPN #11, the //8/15 at approximately 10:40 process for obtaining		5.	. 11/10/2015	

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laboratory tests ordered by the physician. LPN

(responsible party) or residents, then fills out a

#11 stated, "The nurse notifies the RP

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					M APPROVED <u>0. 0</u> 938-0391
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
		495362	B. WING			1	C 0/08/2015
	PROVIDER OR SUPPLIER ID NURSING AND REI	HABILITATION		906	REET ADDRESS, CITY, STATE, ZIP CODI THOMPSON STREET HLAND, VA 23005	<u> </u>	0/06/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	IX5) COMPLETION OATE
F 502	them." When asked labs are completed "The lab books are An interview was co (administrative staff nursing (DON) on 1 informed of the aboratory results fo stated, "He refused know there were on	ook and then the lab draws d how lhe nurse ensures the as ordered, LPN #11 stated, read off in morning meeting."	F 5	02			
	documented, "Obtai lab work and write the order sheet. Fill out When the blood is diphlebotomist will document will document will document will document with the physical ordered. The results Nurse and the physical physical will be signated place unphysician. The lab results form. All lab designated place unphysician. The lab results form. The lab results form.	Laboratory Procedure: in a physician's order for all the order on the physician's it the necessary lab slips. Irawn, the nurse or cument in the lab log or in the teded necessary, the facility log for laboratory tests being are checked by the Clinical cian is notified of the results. If y be written on the Lab or results are kept in a till seen and signed by the results are filled in the or the Laboratory section."					
	Edition, Lippincott W Page 165, Laborator in relation to the clier problems and treatm results can also iden problemsSometim	mentals of Nursing, 5th filliams & Wilkins, 2007. Ty tests are always interpreted nt's underlying health nent modalities. These atify actual or potential health nes, laboratory tests and ses are used to judge the					

effectiveness of nursing interventions or medical

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CTATEMENT OF OFFICIENDIES	(VA) PROMOTERIALISM TO LEGISLA	<u> </u>		OMB NO. 0938-039
STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) OATE SURVEY COMPLETEO
	495362	B. WING_		C
NAME OF PROVIOER OR SUPPLIER		'	STREET AOORESS, CITY, STATE, ZIP COO	10/08/2015
ASHLAND NURSING AND REF	ABILITATION		906 THOMPSON STREET ASHLAND, VA 23005	'C
(X4) IO SUMMARY STAT	TEMENT OF OEFICIENCIES	10	· · · · · · · · · · · · · · · · · · ·	
PREFIX (EACH OFFICIENCY	MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRI ((EACH CORRECTIVE ACTION SI CROSS-REFERENCEO TO THE AP OEFICIENCY)	OULO BE COMPLETION
F 502 Continued From pag	ge 149	F 50	02 <u>F504 (D):</u>	
*The basic metaboli blood tests that provided body's metabolism. This information was http://www.nlm.nih.002257.htm F 504 483.75(j)(2)(i) LAB SS=D ORDERED BY PHY The facility must proservices only when on physician. This REQUIREMEN by: Based on staff interreview and clinical redetermined that facility physicians order prior (lab) test for one of 3 sample, Resident #8 Facility staff failed to prior for collecting a resident #8. The findings include: Resident #8 was admand readmitted on 8/included but were no	ovide or obtain laboratory ordered by the attending. T is not met as evidenced view, facility documentation ecord review it was ity staff failed to obtain a or to collecting a laboratory 7 residents in the survey 1. obtain a physician's order urinalysis dated 8/2/15 for mitted to the facility on 4/4/15 (17/15 with diagnoses that it limited to cerebral palsy, agia (difficulty swallowing)	F 50	Residents currentl	the urinalysis 15. The y and the otified of results. y residing in the e lab services to be affected. e had labs s obtained in e reviewed by to ensure that an's order for ment nee has to the I Licensed aining a efore obtaining alysis. The of Clinical will conduct

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<u>CENTE</u>	RS FOR MEDICARE	E & MEDICAID SERVICES			OME NO 0039 0004
STATEMENT	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻	LTIPLE CONSTRUCTION DING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
	_	495362	B. WING		C 10/09/2045
	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZII 906 THOMPSON STREET ASHLAND, VA 23005	10/08/2015 PCODE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF (IX (EACH CORRECTIVE ACTI	ON SHOULD BE COMPLETION HE APPROPRIATE DATE
	PEG^), osteoarthrit bladder (uncontrolla nervous system dys syndrome. Resider (minimum data set) assessment with ar date) of 9/29/15. Resident moderately of ability to make daily of 15 on the BIMS (Status). Resident dependence on state eating, toileting, and Review of the clinical U/A C+S (urinalysis dated 8/2/15. Furth revealed no order for On 10/7/15 at 10:45 conducted with LPN #6, regarding the profession of the stated, "You wou a lab slip, call lab or drawn and then follow doctor)." When asked without an order she that the facility had stated as a standing. On 10/6/15 at 4 p.m. aware of the above of the system of the state of the state of the same of the same of the system of the state of the same of the same of the system of the same o	stomy tube placement, or tis, quadriplegia, neurogenic lable bladder due to central refunction) and chronic pain ant #8's most recent MDS was a quarterly review in ARD (assessment reference Resident #8 was coded as requiring total aff with transfers, dressing, dipersonal hygiene. The review of the clinical record for the U/A C+S. To a.m., an interview was N (Licensed practical nurse) rocess of obtaining a lab. LPN ald look at the order, write out or collect the lab that should be ow up with the MD (Medical led if a lab can be obtained e stated, "No." LPN #6 stated standing orders if nursing felt a drawn. When asked if an ten for a lab even though it is order she stated, "Yes."	F 5	residents that hat obtained to ensurphysician's order written. This range review will be considents per wesidents per west. The results of the reviews will be a DCS/Designee and Assurance Performance.	are that there were ers obtained and adom weekly completed for (5) seek for (3) months. He random weekly discussed by the at the Quality formance committee Meeting months. The recommend than as indicated

Facility policy titled, "Laboratory procedure,"

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OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING _ 495362 B. WING 10/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND NURSING AND REHABILITATION ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 504 Continued From page 151 F 504 documents the following: "Obtain a physician's order for all lab work and write the order on the physician's order sheet." ^ This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/prese ntations/100125_5.htm> F 514 483.75(I)(1) RES F 514 SS=E RECORDS-COMPLETE/ACCURATE/ACCESSIB LE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete: accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to maintain a complete and accurate clinical record for four of 37 residents in the survey sample, Residents #27, #6, #5 and #19. 1. The facility staff failed to document orders for and administration of insulin (*to treat diabetes)

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for Resident #27 on 10/4/15.

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Facility ID: VA0008

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OLIVIERO OR MEDIOARE	A MEDICAID SERVICES		O1	MB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDÉR/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	(X2) MULTIPLE CONSTRUCTION	
	495362	B. WING		C 10/08/2015
NAME OF PROVIDER OR SUPPLIER	-	S	TREET ADDRESS, CITY, STATE, ZIP CODE	10/00/2015
ASHLAND NURSING AND RE	AARII ITATION	3	06 THOMPSON STREET	
TOTAL TOTAL		A	SHLAND, VA 23005	
PRÉFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
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F 514 Continued From page 152

- 2. The facility staff failed to accurately document a treatment for a pressure ulcer for Resident #6 on 10/7/15.
- 3. The facility staff failed to ensure a face sheet for another resident was not filed on Resident #5's medical record.
- 4. The clinical note written by the nurse practitioner following a visit with Resident #19 was not filed in Resident #19's clinical record

The findings include:

1. The facility staff failed to document orders for and administration of insulin (*to treat diabetes) for Resident #27 on 10/4/15.

Resident #27 was admitted to the facility on 6/9/15 and readmitted on 9/19/15 with diagnoses including, but not limited to: quadriplegia, pressure ulcers, contractures and diabetes. On the most recent MDS (minimum data set), a quarterly assessment with assessment reference date 9/16/15, he was coded as being moderately cognitively impaired for making daily decisions. He was coded as having received insulin injections for all seven days of the look back period.

A review of the orders for Resident #27 revealed, in part, the following: "Check blood sugar four times daily. Call MD if <60 or >400 (less than 60 or greater than 400). Novolog flex pen (*short-acting insulin) inject 4 units subcutaneously (under the skin) three times a day before meals - hold for blood sugar less than

F 514

F514 (D):

1. Resident #27 has a telephone order for the insulin given on 10/4/15. For Resident #6, the physician and the responsible party were both notified. There was no adverse effect for Resident #6. Resident #6 no longer resides in the facility. Resident #5 has an accurate face sheet in the medical record and the inaccurate face sheet was removed from Resident #5 medical record. Resident #19 now has the clinical note in the medical record from the Nurse Practitioner's visit.

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		495362	B. WING		C 10/08/20	015
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
ASHLAND NUI	RSING AND RE	HABILITATION		906 THOMPSON STREET ASHLAND, VA 23005		
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F 514 Continued From page 153

200." This was written and signed on 8/27/15 by the nurse practitioner. Further review of the provider's orders for Resident #27 failed to reveal any other orders for short-acting insulin administration for Resident #27 on 10/4/15. Further review failed to reveal administration of any insulin other than the above-referenced order on 10/4/15.

A review of the clinical record for Resident #27 revealed an SBAR (situation/background/appearance/review and notify) communication form completed by LPN (licensed practical nurse) #16 on 10/4/15. Review of the narrative portion of the form revealed, in part, the following: "BS (blood sugar) was 585 at 4p (4:00 p.m.). Gave the 4 units before dinner. Per [name of nurse practitioner] give 2u (two units) more. Check in an hour. Checked @ (at) 5:30. BS 511. [Name of nurse practitioner] advised to give 12 units more, recheck 1 hour. 9p (9:00 p.m.) BS 310. Checked

blood sugar again at 11 p (11:00 p.m.). 555

(blood glucose = 555). Called [name of nurse

practitioner on call]. Advised to give 15 units." The narrative portion of the SBAR ended there.

Further review of the provider's orders for Resident #27 failed to reveal documentation of the above-referenced orders for short-acting insulin administration for Resident #27 (two units at 4:00 p.m., 12 units at 5:30 p.m., and 15 units at 11:00 p.m. on 10/4/15). Further review of the MAR (medication administration record) failed to reveal administration of any insulin other than the four units before dinner on 10/4/15.

A review of the comprehensive care plan for Resident #27 dated 6/19/15 revealed, in part, the

F 514

2. Residents currently residing in the facility have the potential to be affected. Residents that require insulin will be reviewed by the DCS/Designee to ensure that telephone orders are present and transcribed on Medication Administration Record. For residents currently residing in the center, medical records will be reviewed to ensure that face sheets are present on the medical record and that there are not face sheets for other residents inappropriately filed in the medical record. Resident medical records will be reviewed to ensure that progress notes for Physician/Nurse Practitioner/Provider visits are filed on the medical record after the visit. Residents residing in the

FORM CMS-2567(02-99) Previous Versions Obsolete

Eveni ID:W82V11

Facility ID: VA0008

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	ARE & MEDICAID SERVICES			FOR	RM APPROVED
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	JLTIPLE CONSTRUCTION	,	O. 0938-0391 DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		DING	(×3) L	DMPLETED
	495362	B. WING	G		C 10/08/2015
NAME OF PROVIDER DR SUPPI	LIER		STREET ADDRESS, CITY, STATE, ZIP CO	DDE	10/08/2015
ASHLAND NURSING AND	DEUARII ITATION		906 THOMPSON STREET		
TOHERHO HOROMO FIRE	REHABILITATION		ASHLAND, VA 23005		
PREFIX (EACH DEFICI	Y STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREF TAG	FIX (EACH CORRECTIVE ACTION	SHDULDBE	IX5) COMPLETION DATE
hypo or hyperglincluding change consciousness. Blood glucose On 10/8/15 at 9 interviewed regand administrat Resident #27. recently been shis blood sugar day." She state orders or the incorder paper or gwas so concern sugar, writing the know I should have highly stated: "Should have the interviewed registated that she blood sugars has to the initiation or remembered be night of 10/4/15 several orders find stated: "When my order is alward and to call me if On 10/8/15 at 1 staff member) #	nitor for S/S (signs/symptoms) of lycemia (low or high blood sugar) ges in LOC (level of), sleepiness, fatigue/weakness levels as ordered." 2:05 a.m., LPN #16 was larding the above-referenced note tion of 15 units of insulin to She stated that Resident #27 had started on tube feedings and that is "had been running high that ed: "I know I did not document the sulin. I did not fill out a verbal put it on the MAR. To be honest, ned with treating his high blood nings down was not a priority. I have. But I didn't." When asked isulin she administered at 4:00, and 11:00 p.m. on 10/4/15, LPN	e d	514 center with pressure use have their Physician's Treatment Administrate reviewed by the DCS/ensure that the treatment appropriately document Treatment Administrate per the physician's order.	Orders an tion Recor Designee tent has been the on the tion Recor	rd to en e

were interviewed regarding these concerns. ASM

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	STATE DIOPAR CENTRICES			<u>OMB NO</u> . 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
	495362	B. WING		C 10/08/2015
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND RE			STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005	10/00/2010
PRÉFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORREC' ((EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
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F 514 Continued From page 155

#1 stated: "We are aware that these orders are not recorded and that there is nothing on the MAR for them. This resident required a lot of time from this nurse. It was an oversight." When asked if the orders should have been recorded and the insulin administration documented on the MAR, ASM #1 stated, "Yes, it absolutely should have been documented."

On 10/8/15 at 2:50 p.m., RN (registered nurse) #4 was interviewed regarding transcribing verbal orders. She stated that when she receives a verbal order from a provider, she transcribes it onto a verbal order sheet, faxes it to the pharmacy and puts the order on the MAR so that it can be signed off by whomever follows the order.

On 10/8/15 at 3:00 p.m., LPN #19 was interviewed regarding assessment after administering an extra dose of short-acting insulin. She stated that she usually rechecks the blood sugar in 30 minutes just to make sure the levels are acceptable. She stated that at 30 minutes, the insulin's action should have peaked. She stated that she documents the blood sugar level and puts it on the 24 hour report so that subsequent shift nurses can see what has happened.

On 10/8/15 at 2:50 p.m., ASM (administrative staff member) #1 and ASM #2, the director of nursing, were informed of these concerns. Policies regarding a complete and accurate clinical record were requested.

A review of the facility policy entitled "Clinical/Medical Records" revealed, in part, the following: "Clinical Records are maintained in

F 514

3. The Staff Development Coordinator/Designee has provided education to Licensed Staff as well as the Medical Records personnel regarding obtaining, writing, and transcribing insulin orders. ensuring that the face sheet is present in the clinical record for the appropriate resident, ensuring that clinical progress notes are filed in the medical record timely after Physician/Nurse Practitioner visits, and ensuring that treatment is appropriately documented for residents with pressure ulcers. Random weekly reviews will be conducted by the DCS/Designee for (5) residents per week for (3) months to ensure that residents requiring insulin have orders written and transcribed to the MAR and that treatment is documented appropriately for residents with pressure ulcers.

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Event ID: WB2V11

Facility ID: VA0008

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<u> </u>	AS FOR MEDICARE	= & MEDICAID SERVICES				OMB NO. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495362	B. WING	3		C 10/09/2015
NAME OF F	PROVIDER OR SUPPLIER		L	STF	REET ADDRESS, CITY, STATE, ZIP CODE	10/08/2015
ASHLAN	ID NURSING AND REI	HARII ITATION	I		THOMPSON STREET	
	D HONOING, M.D.,	MULLIATION	!	I .	SHLAND, VA 23005	
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F 514	Continued From pa	age 156	 F!	514	Random Weekly reviews	will be
	accordance with pro	ofessional practice standards	• •	71-7	conducted by Medical Re	'
	to provide complete	e and accurate information on ne continuity of careThe			Personnel/Designee for (
	purpose of the clinic	cal record is to document the			residents per week for (3)	,
	course of the reside	ent's plan of care and to			to ensure face sheets are	
provide a medium o health care professi		ionals involved in this care."			in the clinical record for tappropriate resident and t	the
	No further informati	ion was provided prior to exit.			clinical progress notes are	
	According to Funda	amentals of Nursing Made			the medical record after	
	Incredibly Easy, Lipp	pincott Williams and Wilkins,			Physician/Nurse Practition	ner
	Philadelphia PA, pag	nge 23: "Nursing			visits.	IICI
	documentation is a	highly significant issue since fundamental feature of			, 101,000	
	nursing care. Patien	nt records are legally valid,			4. Results of the random we	_1_1_
	and need to be acci	urate and comprehensive so mmunicated effectively to the				•
	health care team. U	Influence the content of			reviews will be discussed	
	documentation prov	vides an accurate depiction of			Administrator/Designee(s	
	patient and family ca	are, quality of care may not be			Quality Assurance Perform	
	possible, wany nurs	ses do not realize that what all to record can produce an			Improvement Committee	
	enormous effect on	the care that is provided by			monthly for (3) months. T	
	other members of th	he health care team."			committee will recommen	
					revisions to the plan as inc	
	2. The facility staff f	failed to accurately document			necessary to sustain substa	
	a treatment for a pre	essure ulcer for Resident #6			compliance.	anuai
	on 10/7/15.				5. 11/10/2015	
	11/21/14 and most ru 12/10/14 with diagnotic arthritis, heart dis depressive disorder, failure. On the most set), a significant cha	Imitted to the facility on recently readmitted on oses including, but not limited isease, chronic pain, major diabetes and systolic heart trecent MDS (minimum data lange assessment dated 6 was coded as having no		•	3. 11/10/2013	

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CENTERS FOR MEDICARE & MEDICAID SERVICES				FORM APPROVED OMB NO. 0938-0391					
STATEMENT OF DEFICIENCIES ANO PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE S COMPL	SURVEY		
		495362	B. WING	_		10/08	8/ 2015		
NAME OF	PROVIDER OR SUPPLIER			ŝ	STREET ADDRESS, CITY, STATE, ZIP CODE				
ASHLAN	ID NURSING AND REI	HABILITATION			06 THOMPSON STREET				
					ASHLAND, VA 23005				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEOED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	DBE (IX5) COMPLETION DATE		
F 514	Continued From pa	ge 157	F 5	51 <i>1</i>			· · · · · · · · · · · · · · · · · · ·		
	The state of the s	nt for making daily decisions.	, ,	, I - T					
	She was coded as I	having a stage three pressure							
	ulcer**. She was co	oded as requiring the							
	dressing toileting r	e of staff for bed mobility, personal hygiene and bathing.							
	dicosing, tolicang, p	bersonal riygiene and bathing.							
	On 10/7/15 at 9:20	a.m., Resident #6's wound							
	care was observed,	with her permission. LPN							
	(licensed practical r	nurse) #7 provided the wound into the room, LPN #7							
	prepared the treatm	ent to be applied to Resident							
	#6's pressure ulcer.	She squeezed three mis							
	(milliliters) of Silvade	ene^ ointment into a medicine							
	cup. Once she had	removed the old dressing ent #6's stage three pressure							
	ulcer on her lower m	niddle sacrum, she applied the							
	Silvadene cream to	the wound using a sterile							
	cotton applicator. T	he wound measured 1.3 cms							
	(centimeters) by 1.2	cms by 0.7 cms. It was							
	completed the woun	urements since 10/5/15. She ad care by applying a sterile							
	dressing.	id care by applying a sterile							
	A review of the phys	ician's orders for Resident #6							
	revealed the following	ng order, written on 8/10/15 by							
	LPN #7 and signed I	by the provider on 9/11/15:							
	Cleanse wound to lo	wer medical sacrum. ower medial sacrum with					İ		
		ply Calcium Alginate AG^^,					ļ		
	cover, and secure Q	D (daily) and prn (as							
	needed)."	. ,			RECEI	/FD			
	A review of the treat	ment administration record			3 LL. OL. I	7 			
		6 for October 2015 revealed			NOV 02	2015			

the following entry: "Cleanse wound to lower

medial sacrum with wound cleanser. Apply Calcium Alginate AG^^, cover, and secure QD (daily) and prn (as needed)." In the square

designated for 10/7/15, LPN #7 had placed her

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CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
Ĺ		495362	B. WING		C 10/08/2015
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005	10/00/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	,	JLD BE COMPLETION
F 514	Continued From painitials.	age 158	F 5	614	
	Resident #6 dated	mprehensive care plan for 4/1/14 and updated 7/10/15 ne following: "Skin/Wound. tions as ordered."		•	
	she remembered wearlier in the day to stated: "I put Silvad she knew what treat most recent signed stated: "Silvadene. my paper." LPN #7 look at the current of pressure ulcer treat no. It says Calcium supposed to be Silv most recent progress	p.m., LPN #7 was asked if what treatment she had applied of Resident #6's wound. She dene on it." When asked if atment was indicated on the diprovider's order and TAR, she That's what I have written on accompanied the surveyor to order for Resident #6's timent. LPN #7 stated: "Oh in Alginate. But I know it's wadene. [The wound doctor's] as note says Silvadene. I just a TAR and write a new order for			
	On 10/8/15 at 9:00 a staff member) #5, th was interviewed reg	a.m., ASM (administrative he consulting wound doctor, garding these concerns, reatment he intended for			

now."

Resident #6 to be getting on the stage three pressure ulcer, he stated: "I had changed her treatment from Silvadene to Calcium Alginate." He stated, however, that he had neglected to make this change in his progress notes. He stated: "That was my error." He stated that he had given a new order earlier that morning

(10/8/15) to change the order back to Silvadene "because the resident is non-compliant." He stated: "It's okay for her to get the Silvadene

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CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES			OMB N	O. 0938-039	
STATEMEN'	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) D/	(X3) DATE SURVEY COMPLETED	
		495362	B. WING_		1	C 0/09/2045	
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP C 906 THOMPSON STREET ASHLAND, VA 23005	CODE	0/08/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO	N SHOULD BE	[X5] COMPLETION DATE	
F 514	surveyor and shows the wound doctor e order was for Silvac pressure ulcer daily knows what treatme pressure ulcer, she what's written on my doctor's notes. I un Calcium Alginate. I his order yesterday, On 10/8/15 at 2:50 staff member) #1 ar nursing, were inform Policies regarding for	a.m., LPN #7 approached the yed her the new order given by earlier in the morning. The dene to be applied to the y. When asked how she ents to apply to a resident's e stated: "I usually go by any paper. I get that from the inderstand he wanted the I should have been going off y, rather than his note, I guess." p.m., ASM (administrative and ASM #2, the director of med of these concerns.	F 51	4			
	*The NPUAP define	es a pressure ulcer as a the skin and/or underlying					
	result of pressure, o with shear and/or frie Staging Revised by National Pressure U	a bony prominence, as a property of the pressure in combination iction." Pressure Ulcer NPUAP. Copyright 2007. Ulcer Advisory Panel. www.npuap.org.pr2.htm>.		:			
	tendon or muscle are be present but does	kness tissue loss. hay be visible but bone, re not exposed. Slough may s not obscure the depth of fude undermining and					

http://www.npuap.org/resources/educational-and-

tunneling.

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C 495362 B. WING 10/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND NURSING AND REHABILITATION ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ΩI [X5] COMPLETION DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 514 Continued From page 160 F 514 clinical-resources/npuap-pressure-ulcer-stagesca tegories/ ^Silver sulfadiazine (Silvadene), a sulfa drug, is used to prevent and treat infections of secondand third-degree burns. It kills a wide variety of bacteria. https://www.nlm.nih.gov/medlineplus/druginfo/me ds/a682598.html. ^^Calcium alginate dressings have been used in the treatment of pressure ulcers and leg ulcers. http://www.ncbi.nlm.nih.gov/pubmed/1831374. In Fundamentals of Nursing, 6th edition, 2005, Patricia A. Potter and Anne Griffin Perry, Mosby. Inc; Page 419: "The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm clients." 3. The facility staff failed to ensure a face sheet for another resident was not filed on Resident #5's medical record. Resident #5 was admitted 5/13/14 with the diagnoses of but not limited to multiple sclerosis, encephalopathy, depression, bipolar, anxiety and dementia. The most recent MDS (Minimum Data Set) was a quarterly assessment with an ARD (Assessment Reference Date) of 8/8/15. The resident was coded as being mildly cognitively impaired in ability to make daily life decisions, scoring an 11 out of a possible 15 on the BIMS

(Brief Interview for Mental Status) exam. The resident was coded as requiring total care for

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CENTE	RS FOR MEDICARE	E & MEDICAID SERVICES				APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTA. BUILDI	TIPLE CONSTRUCTION	(X3) DAT	. 0938-0391 E SURVEY APLETED
NAME OF	PROVIDER OR SUPPLIER	495362	B. WING		10/	C <u>/08/2015</u>
	ND NURS(NG AND RE			STREET ADDRESS, CITY, STATE, ZIP COD 906 THOMPSON STREET ASHLAND, VA 23005)E	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR	HOULD BE	(X5) COMPLETION DATE
	bathing; extensive a hygiene; limited ass supervision for eatin bowel and bladder. A review of the clinic sheet for another rechart, which include resident's name, dainsurance informatic family contact informatic family contact informatic family contact informatic family contact informatic family contact informatic family contact informatic family contact informatic family contact informatic family contact informatic family contact informatic family contact informatic family at 19/15 at 5:30 pm. 10/7/15 ssistance for dressing and sistance for transfers; ng; and was incontinent of ical record revealed a face esident, in the front of the ed but not limited to that ate of birth, diagnoses, on, physician information, and mation. p.m., in an interview with LPN etical Nurse #10) she stated ald not be on that record. p.m., the Administrator and ursing) was made aware of ther information was provided arvey. written by the nurse g a visit with Resident #19 ident #19's clinical record. dmitted to the facility on mission on 6/18/15, with ided, but were not limited to: seizures), anxiety, ission, pain and ulcer. OS (minimum data set)	F 5	14			
	ARD (assessment re	quarterly assessment with an eference date) of 9/8/15.		REC	EIVED	

A review of Resident #19's clinical record

Resident # 19 was coded as scoring two out of a

possible 15 on the Brief Interview for Mental Status (BIMS) in Section C, Cognitive Patterns, indicating the resident was severely cognitively

impaired.

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			FORM APPROVE OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	4	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
		495362	B. WING		C 10/08/2015
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION				STREET ADORESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005	70/00/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CDRRECK (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE COMPLETION
F 514	that occurred on 8/1 clinical record. An interview was co (administrative staff practitioner, on 10/8 revealed that she has 8/10/15 and had dic ASM #4 was asked	ated note from a clinical visit 0/15 was not filed in the	F 5	14	

On 10/8/15 at 3:15 p.m. an interview was conducted with OSM (other staff member) #17, the medical records director. OSM #17 was asked where the physician /nurse practitioner notes are faxed. OSM #17 responded, "They are faxed to me within one to two weeks." OSM #17 was asked how she knew if something was missing from a record, OSM #17 responded, "I keep a spreadsheet on the computer which lets me know which notes are still needed. I check them off as they come in." OSM #17 was asked if she was aware that a dictated note dated 8/10/15 was not in Resident #16's clinical record. OSM #17 stated that she was not aware, "I usually call the hospital to get them, and I don't know how this was missed."

of a month to get the note into the clinical record. When asked why it took so long to get her notes placed in the clinical record ASM #4 responded, "The practice tries three times to fax the document and if it doesn't go through it gets put aside until we either call and request it or they

remember to retry again."

A review of the facility policy titled "Clinical / Medical Records" revealed, in part, the following documentation: "Policy: The clinical record shall

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495362	B. WING		C 10/08/2015	
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005			
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F 514	Continued From pa	age 163	F 514			

514 Continued From page 163

contain information to identify the resident clearly; a record of the resident's assessments; the plan of care and services. Current medical records shall be completed promptly."

On 10/8/15 at 3:30 p.m. ASM (administrative staff member) #1, the administrator, was made aware of these findings. No further information was provided prior to the end of the survey.